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MODERN TRENDS*

BERTRAM S. ADAMS, M.D.

Hibbing, Minnesota

THE medical profession is facing a challenge today—a challenge from those who favor government control of medical care, believing it to be more effective. Our critics claim that many persons are forced to go without medical care because it is not offered to them at terms they can meet. We are told that the family doctor era is past and that because medical care has become highly specialized, newer methods of making it available should be developed. They want the Government to collect a small fee from everyone in the lower income brackets. To this will be added a similar amount by the employer. These together will entitle those paying and their families to medical care—the European system.

The challenge also comes from our friends who think that our American system of medical care is in grave danger, and that something should be done to avert such a crisis. They believe that government control will lower standards of medical care, and hinder advancement.

We must not be blind to the facts giving rise to this challenge. Vital adjustments of a socio-economic nature are affecting the character of our people. Our frontiers are gone; our young people no longer look forward to moving west and making a fortune. Instead they are satisfied with salaried positions. Many are unemployed, and some may never again find private employment. Incomes are not high, yet everyone spends money for automobiles, radios, movies, and whatnot. What used to be luxuries are now necessities. Their income is spent by the end of each month. People do not accumulate savings to meet a catastrophe in the form of sickness.

On the other hand, the cost of medical care has increased due to scientific advancement, improved methods of diagnosis and treatment, laboratory and x-ray facilities, surgical and specialized medical treatment calling for hospitalization and for nursing services. The advances in medical science require correspondingly longer periods of study for professional students as well as more frequent periods of postgraduate study for those in active practice. It also necessitates specialization with its increased costs and larger fees. All of these contribute toward making modern medical care the most efficient ever known, but also the most costly.

Another fact is that, while people in the lower income bracket may be content and happy in a humble home with simple clothing and food, when sickness comes they, too, need the best of medical care and service. Hospitalization, laboratory and x-ray services, surgery, blood transfusions, consultations—all these are necessities regardless of financial status.

To be remembered also is the changing character of disease incidence; diseases that were common forty years ago are now rare. Others are assuming greater importance. The degenerative diseases accompanying old age and requiring medical care over a long period of time—care that is frequently of an expensive nature—constitute an important phase of medical care today. "Data from the National Health Survey, based on surveyed persons of all ages, show that chronic diseases, including permanent impairments, alone account for six of the ten days of incapacity due to illness and accident experienced by the average person per year." On the other hand, the infectious diseases are constantly decreasing.

*Presidential address before the House of Delegates at the annual meeting of the Minnesota State Medical Association, Rochester, Minnesota, April 21, 1940.

Our answer to this challenge is that our American system of medical care gives better medical care and better service to the entire population than is given by the European system or any other system yet devised. It respects the personal relationship between the physician and his patient. It maintains his self-respect and encourages him to give to his patient the best that medical science has taught him. The remuneration of the average physician in this country is greater than in any other country, and this provides additional incentive for work of fine quality. Were the European system introduced into this country and the same quality of service maintained as is now given, the costs in taxation would be prohibitive. In preventive medicine, the most important field of medicine and the one in which the most progress is expected in the future, our country leads all others by a wide margin although, theoretically, the European system should be more effective.

As an example, I wish to point out the achievements of American medicine in coöperation with State Boards of Health and the United States Public Health Service. Striking is the reduced incidence of such diseases as typhoid fever, typhus, plague, smallpox, and yellow fever—far below that in any other country. As a result of immunization, diphtheria seldom occurs in this country. Because it is largely a disease of childhood occurring especially among the lower income groups, one should expect it to disappear under the European system of pre-paid medical care; but the facts are otherwise. While diphtheria in this country decreased 88 per cent between 1928 and 1936, the drop in England under the panel system was only 16 per cent. In Germany, which has had sickness insurance under government control longer than any other country, there was even an increase of 17 per cent. If the plans of our State Committee materialize, immunization will soon wipe out diphtheria in Minnesota. The same is true of tuberculosis. During this same period tuberculosis dropped 36.2 per cent in this country as compared with 28 per cent in England, and 22.7 per cent in Germany.² Until recent years this disease was the chief cause of death in the United States; it is now seventh in the causes of death. In 1909 fully one-fourth of the admissions to Gillette Hospital, Saint Paul, were for tuberculosis; today less than 1 per cent have that disease.⁹

Our State Committee on Tuberculosis hopes to see the disease completely eradicated before many years. By testing every individual with tuberculin, by taking annual films of all positive reactors, and by isolating all active cases, the Committee believes this can be done. Venereal diseases are being more and more efficiently controlled, especially in Minnesota. Crownhart quotes the following from an English statement: "The health needs in a country that has had a quarter of a century of sickness insurance are greater than in a country that has not had this legislation." He adds, in comment: "While the theory of sickness insurance indicates its use as a powerful weapon in disease prevention, there is no indication that it has ever occupied that rôle."³

American medicine, assisted by child welfare agencies, has done much in preventing and treating diseases of infancy and childhood. In 1900 it was estimated that one child died for every five births and in 1932 one for every thirty-two.⁸ Using statistics from Duluth as a fairly typical city, we find: Deaths under one year of age have decreased from 24 per cent of all deaths in 1900 to 5 per cent in 1937; during these same years, deaths in people over seventy-five years have increased from 4 per cent to 25 per cent; the average length of life has increased from 26.79 years to 58.65 years, while the number of persons attaining forty-five years or more has increased from 24 to 79 per cent.⁴ But in England, 11.6 babies out of every 1,000 died in the first twenty-four hours in 1906-1910. In 1935 the figure was 10.7.⁵

Another new field of medical endeavor relates to the work of the new Council on Industrial Diseases, formed by the American Medical Association three years ago. A large number of diseases have been called compensable by the courts. These diseases and their relation to industry are being studied in thirty-four states, annual conferences are being held, and a survey is being made by the Public Health Service. Our new State Committee is studying this subject and plans will be formulated as seem advisable.

We take justifiable pride in the reduction of time lost from work through accidents and disease by industrial workers. The iron and steel industry is fairly representative of all industries. Between 1907 and 1932 there was a 78 per cent decline in the number of accidents in this indus-

try, while the loss in time dropped from 6.9 days to 2.19 days, or 68.3.⁶ In England time lost through accidents and disease has increased 200 per cent since the panel system was introduced in 1911, and in Germany the rise has been 300 per cent since Government control was started in 1883.⁷ Gustav Hartz, an economic writer in Berlin, writes, "Since the sick insurance has been in effect, the number of days of incapacity to work owing to ill health, has risen from five and one-half days to twenty-eight days."⁸

Along this line is an evil which should be corrected, namely, the court procedure in cases in which medical testimony is required. It is unfair to allow the attending physician to testify as an expert witness. The present custom of permitting both the plaintiff and defense to present expert medical testimony is disgraceful to both the medical and legal professions, and fails to give testimony that is unbiased. We hope to initiate a procedure which will be fairer and more scientific.

In every other line of medical endeavor, study and research are being done; progress requires time, but efforts are not being spared.

To meet this challenge of our critics, we must give service that is not only better than any given elsewhere, but care so good that it will sell itself. We must acquaint the public with what has been done and what our goals are.

The challenge brings out another phase, an obligation that devolves upon every member of our organization. Believing as we do that our American system of medical care is better than the European system, and confident that it provides better medical care for the patient, permits full development of preventive aspects of medicine and is more responsive to advancement of medical science, we should do all in our power to retain it. We cannot permit a misguided and badly informed group of political leaders to force the European system of medical care upon the country without our serious protest. We shall indeed be remiss in our duty if we, the medical profession of America, who are informed on medical subjects, do not enlighten the public in regard to what we believe to be best for the health and physical well-being of every American citizen, and for the advancement of medical science.

Government control of medical care involves a great deal more than payment for the costs of

the sickness and injury; it restricts the freedom of those who minister to the physical welfare of the people. Rules and regulations to cover the smallest details will be made here just as they have been made in Europe. Innumerable reports will be required which will occupy the time the doctor should be giving to his patient. Since the doctor will be employed by the government and not by his patient, there will be a loss of the confidential relations between the doctor and the patient. As Crownhart says, "The primary responsibility of the physician is to the Government and not to his patient."⁹ Again quoting Crownhart, "The tendency of sickness insurance systems is to make the physician the re-insurer of the unknown demands, thus loading him beyond his capacity to render a sound quality of sickness care."¹⁰ The quality of goods or the value of service bought depends on the price paid; the European system has always paid a low price to the doctor and the result has been an inferior medical service.

Improved methods of distributing and making available medical care should be developed; several hundred plans have been devised by medical societies based on insurance principles and involving prepayment for medical care by industrial groups. So far these are experimental and untested. California began operation of a plan developed by their State Medical Society last year; the Michigan Medical Service organized by the State Medical Society, started operation last January. A number of contract plans are in use, the oldest probably being that used successfully for three-quarters of a century throughout the Lake Superior mining districts. This is probably the simplest and most economical plan in operation. Whatever the system may be, one important principle must be retained; the medical profession must be given freedom to act; the physician must be allowed to use his judgment, ruled by his own Code of Medical Ethics which is as important a guide to upright conduct today as it was in the period of Hippocrates.

The medical profession is earnestly trying to give the best possible service to the public. Its members are working steadily to keep abreast of new developments and improvements in medical care. Preventive medicine offers the greatest hope for ameliorating sickness, suffering, and invalidism, and needs our most serious efforts. If, unhampered by restricting regulations, we can be

allowed to continue our efforts along these lines, encouraged by public sentiment, stimulated by energetic efforts of public health activities, and aided by new improvements and discoveries in chemistry, physics, and engineering, the progress already made should be but the entrance to an era of medical achievement unrecorded in history.

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MEDICAL SYMBOLISM IN THE MYTHOLOGY OF ANCIENT GREECE*

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STUDENTS of Homer have in the *Iliad* and the *Odyssey* a storehouse of Greek myths, of legend and of symbolism. No attempt will be made to cover all of the myths relating to the snake, much less to report those concerned with other animals or with gods where insignia do not specifically include the serpent. Only the life and deeds of Æsculapius, the "blameless physician" of Homer, and some of the lore concerning Hermes, self-confessed king of robbers, will be considered.

A number of legends are connected with the birth of Æsculapius. The one most appealing to a physician is that in which his mother, Koronis, with child by Apollo, is related to have fallen in love with Ischys. Because of her unchaste deed Apollo sent his sister to punish her. While Koronis lay on her funeral pyre Apollo relented, "seized the babe from its mother's womb" and hastened to Cheiron, the centaur, so that the babe might be educated in medicine and learn to assuage the pains and cure the diseases of mortals.

In the Epidaurian legends it is stated that Æsculapius was nursed by a goat and guarded by the shepherd's dog. When the babe was discovered by Aristhanas, the shepherd, the babe shed a radiance about itself which proclaimed it to be of divine origin. Perhaps this legend accounts for the fact that the dog was often associated with the serpent in ancient carvings of the god Æsculapius. As a child, he learned all

the uses of drugs and much of hygienic treatment from Cheiron, and even while still a lad he is reputed to have cured the sick and raised the dead. He went with the Argonauts on their voyage to Kolchis, and proved himself the best of the students of Cheiron. He trained his sons to be physicians, and they became proficient and distinguished themselves as healers during the long years of the Trojan wars.

The followers of Æsculapius were the earliest to develop and record clinical observations and to establish the practice of medicine on a reasonable basis. In the sixth century B.C., a shrine was established at Epidarus and this sanctuary became the chief center of the cult; ruins may be visited to this day. From this center, the teaching of Æsculapius and his practice of medicine spread throughout the world and more than 400 shrines or sanatoria were set up. Serpents were always found at the shrines, and legend records that many of the shrines throughout the world were located where snakes took up their abode. Sometimes, the snake was sent with the priest to represent the god, as was the case during the terrible pestilence of 293 B.C. that afflicted the city of Rome "with prodigious mortality."

It is stated that Æsculapius retained his supremacy as a healer until the Christian Era. An interesting legend records the circumstances of his death. It was claimed by Hades that Æsculapius was prompted by avarice and an improper desire for gold, and that he imparted his art to mortals, which was contrary to the will of the

*From the Division of Medicine, The Mayo Clinic, Rochester, Minnesota. Remarks before the House of Delegates of the Minnesota State Medical Association, April 22, 1940, on presentation to the Speaker of a gavel designed and carved in Minnesota black walnut by Dr. Lemon.

gods. Hades further complained to Zeus that the success of the medical care given by Æsculapius had averted too many deaths and consequently threatened to depopulate his realm. Zeus was angered and sent a flaming thunderbolt from Olympus and slew Æsculapius, thus making the Olympian immortal. "Incineration by a thunderbolt implied celestial or Olympian immortality."

It is particularly appropriate that Æsculapius should have the serpent for his emblem. The snake was the symbol of life and sagacity and was known to the Greeks as a sacred and mystic being whose magic powers were associated with dreams, prophecy and healing. In sculpture, the snake is always represented as coiled about a staff which the god Æsculapius carries (Fig. 1), or about his body and lower limbs. The snake's habit of sloughing its skin is one of the reasons for its reputation as a healer. Tyson quoted from Ovid: "It was natural to suppose that a creature which could renovate itself could also renew the energies and prolong the life of the sick and the suffering," and he pointed out that both the Latin and the Greek word for old age was also applied to the slough of serpents.

Snakes and dogs were found at all the temples, and snakes are pictured in drawings of the abaton where sick people came and slept while undergoing treatment. It was thought that the divine healing power was transmitted to these animals. Lacerations were healed when licked by cult reptiles, and the blind were made to see when the eyes had been licked by the sacred dogs. It is also recorded that baldness, as well as blindness, was cured by the touch of the hand of Æsculapius, who came to the afflicted while they slept. Sometimes Æsculapius came to the sleeping patient in the form of a serpent.

Today, the signum of Æsculapius is a single snake coiled about a rough olive branch. In earlier times, the shoots of the branch were adorned with ribbons or garlands.

The God Hermes

The Greek god Hermes, sometimes said to be the half brother of Æsculapius, is identified by the Romans with Mercury. He was the son of Zeus and Maia, and Mount Cyllene in Greece was reputed to be his birthplace. His reputation as the master thief among the gods began while he was still an infant. He was a precocious child and while yet a newborn babe began his

life of thievery by stealing the cows of Apollo. He became lord of those who swindle, house-break, sheep-steal and shoplift. He was represented as the god of thieves, of travelers and of shepherds. He was called crafty and tricky,



Fig. 1 (Left). The seal on a doctor's diploma of the medical faculty of Montpellier (1605). Æsculapius is shown seated on a hillock on which medicinal plants are growing; also the coats-of-arms of France and Montpellier. Engraved by the sculptor Jean Leblanc, Montpellier. Reproduced by permission of Ciba Symposia.



Fig. 2 (Right). The gavel which was presented to the Speaker of the House of Delegates of the Minnesota State Medical Association at the Rochester meeting in April, 1940.

and was often referred to as the giver of fertility. According to Plutarch, the ancients set Hermes by the side of Aphrodite, that is, the god and goddess represented, respectively, the male and the female principles of generation, and the two deities were worshipped together. Aphrodite was known as the goddess of love and the reproductive powers of nature. Our word, "hermaphrodite," a combination of "Hermes" and "Aphrodite," recalls the myth of their son, Hermaphroditus, who grew together with the nymph of the fountain of Salmacis while bathing and thus combined male and female characteristics: a creature half man, half woman.

As a messenger, Hermes became the god of roads and doorways and the protector of travelers. Treasure found on the road was spoken of as a gift of Hermes, and he became the god

of good luck. He became the deity of gain and commerce and, like Mercury, was known as the god of trade. His office as god of trade is reflected in words of common use today. In 1756, Rolt described the hermetic seal as used in trade, which consists of airtight closure of a vessel by fusion, soldering or welding. In a surgical sense, the hermetic seal of wounds refers to a method of dressing penetrating wounds, especially of the thorax and abdomen.

Hermes appears to have had admirable qualities, too. He was worshipped by farmers because he brought luck, probably by insuring fertility and adding increase to the herds. He became the sponsor of games, and his statues were common in Greek gymnasia and stadia. As such, he came to impersonate the ideal Greek youth, who was graceful and dexterous as well as strong, courageous and eloquent. He was the giver of grace, rather than strength, which was the province of Hercules. Because of the influence of Praxiteles, he is commonly represented as a youth with caduceus or rod, petasus or brimmed hat and talaria or winged shoes.

He was a patron of music, and invented the cithara which he played so beautifully and so pleased Apollo that, in exchange for the instrument, Apollo gave him a herald's wand and made him a messenger between the gods and man. It is stated in another legend that he evolved a lyre with great ingenuity from the shell of a tortoise, and played so divinely that the enchanted Apollo gave him the wand. In his office as messenger of the gods, he conducted the souls of the dead to the world below. It was said that his caduceus or magic wand exercised an influence over the living and the dead, bestowed wealth and prosperity, and turned everything it touched to gold.

He is supposed to have been one of the gods of healing, but he, whose caduceus we sometimes use as the insignia of medicine, seems to have had but few contacts with healing. He is reported to have performed one of the earliest Cesarean sections when he delivered Semele of Dionysus. The account of this is not dissimilar to the delivery by Apollo of Æsculapius, whom he tore from the body of the beautiful Koronis. Hermes also stopped a plague at Tangara by carrying a

ram on his shoulders around the walls of that city. But there Hermes' connection with medicine comes to an end.

The Caduceus

The caduceus, or herald's wand, was given to Hermes by Apollo. In the *Encyclopædia Britannica*, the author says: "In its oldest form it was a rod ending in two prongs twined into a knot (probably an olive branch with two shoots adorned with ribbons or garlands) for which, later, two serpents with heads meeting at the top were substituted. The mythologists explained this by the story of Hermes finding two serpents thus knotted together while fighting; he separated them with his wand which, crowned by the serpents, became the symbol of the settlement of quarrels. A pair of wings was sometimes attached to the top of the staff in token of the speed of Hermes as a messenger. In historical times, the caduceus was the attribute of Hermes as the god of commerce and peace, and among the Greeks it was the distinctive mark of heralds and ambassadors whose persons it rendered inviolable."

It would appear that the caduceus has scant claim to medical importance and should not be used as the symbol of medicine. That right should be given to the signum of Æsculapius* and this should always be represented as a single snake coiled around a knotted staff.

Presentation

Mr. Speaker: I have designed and made a gavel for the use of the Minnesota State Medical Association (Fig. 2). It has for its handle a roughly carved rod ending in two prongs, and coiled about it I have represented a snake. It is intended to resemble the signum of Æsculapius. On one face of the hammer there is an open book, and on the other a Grecian lamp. I hope you will accept the gavel in the name of the Association and that it may be used whenever the members are called together.

*The signum of Æsculapius was the accepted symbol of medicine until the reign of Henry VIII. Then, Sir William Butts, the King's physician, confused it with the caduceus of Hermes. A few years later, Dr. John Caius presented to Gonville and Caius College, Cambridge, a silver caduceus. This form of symbol is used only in the United States.

TUBERCULOSIS CASE FINDING AMONG AMERICAN COLLEGE STUDENTS*

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THE battle for the control and eventual elimination of tuberculosis is being waged along many fronts. One of the most important and promising is that occupied by our colleges and universities. The educational environment lends itself ideally to the formulation and direction of an effective system of health supervision, as well as offering opportunity for lasting imprint on the minds of those soon to succeed to leadership of American enterprises. More practical is the fact that during the years normally spent in colleges and graduate schools, tuberculosis remains, in its very essence, the prime threat to life and health. This arises from no particular hazard of undergraduate existence, nor from some perverse process of selection which would act to fill colleges and universities with young men and women possessing poorer than average health. It is due rather to the well recognized phenomenon of tuberculosis' heightened morbidity and mortality during late adolescence and early adult life. Here, then, are the young people. Here, too, is the menace of unrecognized tuberculosis. You may be interested in what is being done to safeguard the first-named from the latter.

It is twenty years since Myers and his co-workers began their student chest clinic at the University of Minnesota, a mere moment in medical history, but a long, fruitful period in the vanquishment of tuberculosis. From that humble beginning evolved a plan of advancing to meet trouble more than half-way, of searching for it constantly, of harrying and badgering tuberculosis, instead of waiting patiently, idly, for the manifestations of advanced disease to appear through the development of signs and symptoms. Other schools have caught the vision, largely due to the leadership, example and enthusiasm of men like Myers, until today there are nearly 200 institutions of higher education in the United States providing some degree of tuberculosis case finding among their students.¹⁷

You shall hear a few of the results reported

by colleges to the Tuberculosis Committee of the American Student Health Association annually, and by the Committee summarized and turned back to the colleges. The Tuberculosis Committee, formed in 1931, is but a recent recruit in the anti-tuberculosis forces. Yet its sphere of influence grows so rapidly, as more schools inaugurate modern tuberculosis control projects, that it is difficult to anticipate, to say nothing of meeting the needs of an expanding horizon bounding the academic field of action. Nevertheless, though recent development of interest has seemed phenomenal, there has been no hint of mushroom growth. Instead, during the years when it appeared that only a few larger universities would or could accept the challenge to embark on a campaign of early diagnosis, early treatment, early arrest, adequate foundations for a thorough-going national collegiate program were being laid. As a result, close and satisfactory working arrangements exist between the Student Health group and the National Tuberculosis Association. Presently, plans are being discussed that should gradually eliminate the early inevitable centralization of effort and direction, substituting for it an enlistment of sectional Student Health organizations and local tuberculosis agencies. Thus, each year, the activities of the Tuberculosis Committee promise to grow more preceptual and advisory, its annual Report a clearing house for mutually helpful data. Our replies to future appeals from colleges struggling with new programs will take the shape of notifying the nearest tuberculosis associations, giving them the facts, and asking them to render all possible aid. One of our chief responsibilities will continue to be the discriminating selection and dissemination of proved new methods by which student tuberculosis case finding may be strengthened, accelerated, reduced in cost, augmented in effectiveness.

Having reviewed the popular growth of tuberculosis control in American colleges (57 per cent increase during the last two years), and hinted at future needs (over three-quarters of the in-

*Address delivered before the Minnesota Trudeau Medical Society, Hotel Nicollet, Minneapolis, February 23, 1940.

TUBERCULOSIS CASE FINDING—LYGHT

stitutions still with no programs), let us examine the facts deducible from the data concerning current action. It will be unnecessary to employ the arguments to which we must have recourse when bidding for the interest and support of such laymen as college deans or presidents. Nor will it be necessary to stress the importance of student tuberculosis as when we address partially convinced student health administrators and physicians. You are daily in contact with tuberculosis, more often than not in a stage you would gladly exchange for an earlier and more hopeful one. Accordingly, though you may not all agree with everything presented, all should admit the problem of student-age tuberculosis, the need for adequate means of solving it, and the advisability of reasonably uniform methods of approach toward its solution.

Whether we consider national figures, or those from individual institutions such as the University of Pennsylvania or our own University of Minnesota, or such regional reports as the detailed analysis recently made in the Pacific Northwest,¹⁵ comparable facts emerge and similar lessons are to be learned. Most of the facts are so well known to tuberculosis workers that it seems banal to reiterate them. The value of the tuberculin test,⁸ the need for adequate dosage whenever the test is employed, the diagnostic aid of the roentgenogram along with its limitations,⁹ the necessity of painstaking follow-up and evaluation of the status of every suspected case, the importance of crowning early diagnosis with effective treatment, the demand for a program that traces contacts and hunts sources, are all points so self-evident that they call for dismissal without elaboration. Experience teaches, on the contrary, that these may be the very facts whose familiarity has acted to disarm us, and to breed in initiated minds a certain amount of forgetfulness, if not contempt.

Our Report for 1938-39 lists 282 replies to the Committee's questionnaire from colleges and universities, of which 165 reported some form of tuberculosis program in operation. Tardy returns, plus new programs known to have started last fall, to say nothing of several programs in progress at negro colleges, would swell the total until, as stated earlier, there are close to 200 schools with case finding in effect. The institutions replying were of all sizes and types, ranging from ninety small schools with enrollment below

500, through 150 middle-sized colleges, to thirty-five large institutions having 4,000 to 16,000 students apiece. Among those with tuberculosis work under way, seventy-eight represented privately endowed colleges and universities, forty-three were in the category of State universities, colleges or institutes, thirty-seven were State teacher's colleges and normal schools, and seven were civic institutions. All sections of the country were represented in the honor roll of schools with programs, including eighteen in New England, thirty-one in the Middle Atlantic and eight in the Southern Atlantic areas, twelve in the deep South, nine in the Plateau and Mountain region, twelve in Pacific coast States, and seventy-five in the States of the Northern Mississippi basin. The initial leadership provided by our own district is again evidenced both in the volume and quality of work recorded in the last-named portion of the nation.

Analyzing the figures from the 165 institutions possessing a tuberculosis set-up, we find 143 testing with tuberculin, while twenty-two resort to x-ray as the first step in their screening procedure. We are aware of the difficulties at various schools which have led to adoption of this latter method, including real or fancied student distaste for the tuberculin test, a high incidence of positive reactors as in most Eastern colleges, and the time, energy and expense demanded by careful tuberculin testing. None the less, we have campaigned for and will continue to advocate prior tuberculin testing, since it provides the only sure way of discovering better than 90 per cent of the presently infected individuals. Moreover, the retesting of negative reactors at appropriate intervals, preferably annually, gives definite indication of tuberculo-protein allergy very shortly after its development, on the one hand, or its resumption by those few who may have achieved energy for a time, only to revert to positivity through reactivation of once inactive, apparently well-calcified lesions.^{3,7} The benefits of tuberculin testing so far outweigh the admitted bother and the negligible expense that we feel the method should be preserved intact, its use spread rather than abandoned for what may be a questionable shortcut. At the same time, we admit the advantages of *any* intelligently conceived and directed system of tuberculosis control as contrasted with none. Our thesis is that tuberculosis *control* in its very essence depends on case

finding, that is, discovering as many infected humans as possible with the means available. If this contention be accepted, then tuberculin testing becomes an initial procedure for which, up-to-date, there is no substitute.

Last year the vast majority of tuberculin testing colleges used the Mantoux intradermal technique, 136 in all, while three employed von Pirquet, and four experimented with the Vollmer patch test. Here, again, we have maintained a conservative attitude but an open mind, pointing out that where the Mantoux method is used, the clinician is sure at least that tuberculin of measured quantity and reasonably standard potency actually entered the skin layers, and that premature removal of a patch, dilution of tuberculin by water or perspiration, side effects of air due to imperfect seal, or non-specific skin reactions to adhesive substances are not possible. We have urged colleges to give the patch test a thorough, controlled trial, comparing it as several pediatricians have done,^{10,16} with the Mantoux or von Pirquet results, and checking all tested persons with searching roentgenographic studies. Where this has been done, we learn the patch test is roughly comparable to a first-strength dose of Purified Protein Derivative administered intracutaneously. This would indicate that patch test negatives should have benefit of a further test with 0.005 mg. P.P.D. or 1.0 mg. O.T. Further investigation may even lead to combining the two methods if such a departure proves reliable and economically advantageous.

P.P.D. was the testing material of choice in seventy-nine colleges; fifty-five others used O.T.; five failed to specify, and four employed the patch test. It seemed to matter little which of the first two products was used, so long as an adequate dosage was reached before students were classified as negative reactors. There were 33,355 students tested with the standard maximum of 0.005 mg. P.P.D. in forty-eight colleges, and 30.5 per cent reacted positively, while in thirty-four other schools where the dosage of O.T. ran to 1.0 mg. and where 21,516 students were tested, 30.1 per cent gave positive reactions. Thus, although the Committee has recommended use of P.P.D. for reasons of uniformity and standardization, it is much more concerned with the selection of potent products and the carrying of the dosage to a point where no significant proportion of truly positive reactors will be

overlooked. Though many observers have maintained the lower dosage to be capable of identifying most cases with clinically significant lesions, we have personal experience and receive further reports from others to support the contention that many instances occur where cases of active tuberculosis showed negative or equivocal reactions to the usual first strength dose of 0.00002 mg. P.P.D., or 0.01 or even 0.1 mg. O.T.¹⁴ Therefore, we prefer to advocate retention of a highly dilute first dose, or, perhaps, in areas with low infection rates, an intermediately-sized dose, so that persons with marked allergy may be spared violent reactions, and to urge the use of a much concentrated second dose in order to locate positive reactors who otherwise would be missed. In each of the past two years eighty-two colleges followed the recommended procedure, reporting a positivity of approximately 29 to 30 per cent. A lesser number of schools, annually testing up to 20,000 students with what we, at least, term below an adequate dosage, succeeded in finding only about 15 per cent positive reactors. Admittedly, we are averaging results from scattered institutions, so that these figures are presented not as exact computations, but merely to indicate general truths. The basic moral to the story, namely that adequate dosage is imperative, is in no wise disturbed, especially as the sampling is nationwide and includes a generous number of tuberculin tests. Furthermore, where the two methods have been tried out under ideal conditions, that is, concurrently within the same institution, as investigated by Canuteson at the University of Kansas over a three-year period,² the discrepancy in results caused by testing with unduly small doses of tuberculin was quite as marked as in the quoted figures collected from well distributed national experience.

That our harping on the necessity for unceasing prosecution of case finding is bearing fruits is borne out by a steady increase in the percentage of colleges providing annual retest for their previously negative reactors. Others, not yet equipped to go this far, preliminarily test new students, retest seniors. Still others make the test available annually to any student electing it. The entire movement seems to be toward increasing the scope and effectiveness of existing programs, as well as toward establishing new ones. Seldom do we hear of one being

abandoned, and very infrequently of any that stand still or retrogress. This heartening improvement is further underscored by such advances as a total of seventy-one colleges requiring tuberculin testing and roentgenograms of all their food handlers. Two years earlier there were only thirty schools in this progressive category. Then there were twenty-nine colleges with tuberculosis programs available, mostly on a voluntary basis, to faculty members and administrative employees. Now there are forty-nine schools so listed.

Annually we note a gratifying shrinkage in the number of colleges where positive reactors have roentgenograms taken once only during their course. There is a coincident increase in the number where films are made annually, or oftener if indicated. There are no less than thirty-six schools using the fluoroscope as a supplement to chest films, while only five still employ the screen as their sole roentgenographic diagnostic aid. The inherent dangers in relying exclusively on the fluoroscope for diagnosis, particularly of the early lesions, have been pointed out, although we believe fluoroscopy of infinite value in rectifying the obvious short-comings of the static, single-flat-film routine investigation. Those men who report the most outstanding results through use of the fluoroscope, almost unanimously stress their coincident reliance upon good serial films.¹⁴ It is only the use of an inadequate screen or the use of a good machine by an improperly prepared examiner that we hope to see avoided. The newer technic of minicamera snap-shots of fluoroscopic images is too recent for us to do more than mention as another medium to be carefully evaluated. If it fails to discover a reasonably complete number of the *minimal* cases now found by older methods, its cheapness and rapidity can hardly justify its substitution for those technics. Primarily, it is to be hoped that we who wield any weapon, whether it be tuberculin test, chest film, fluoroscope, blood count, sputum examination, sedimentation rate, serological reaction, or anything else in the clinician's armamentarium, will be equally as quick to appreciate and acknowledge its limitations as to claim and publish its advantages.

Student positivity to tuberculin has been indicated as now lying at about the level of 30 per cent when we restrict our consideration to those

who received adequate dosage. This is probably a fair average for the country at large within the age-group tested and within a social stratum comparable to the rather selected, favored, student mass. Unfortunately, our earlier figures are not as conclusive as those compiled latterly, but they were reasonably correct. Thus, when we note that in 1932-33 the national college returns showed 35 per cent positive reactors, we believe it is fair to presume a gradual decline in the incidence of tuberculous infection is in progress among students as it is elsewhere in the general population. Further annual surveys by the Committee are necessary, however, before any definite rate of improvement can be computed.

As found by investigators outside the college field, we likewise determine that, at a given age, a slightly higher percentage of men than women will react to tuberculin, though there is definitely a slightly higher ratio of active tuberculosis found among the women students.^{4,5,11,14} Again, with few schools yet possessed of record systems capable of supplying exact information, it appears that well less than 1 per cent of all tested will be found to have demonstrably active pulmonary tuberculosis. In the mid-West it is probably not over half of one per cent, or well below 2 per cent of those submitted to x-ray. Stiehm, at the University of Wisconsin, has shown that evidence of infection subsequent to entrance to school is relatively more to be expected than that found at entrance examinations, but that with modern methods it is possible to limit the probability of discovering moderately or far advanced cases of tuberculosis among old students almost to the vanishing point. Prior to 1933, at that university, using methods based on investigation of students with symptoms or signs, namely, sick patients, an average of ten cases of tuberculosis per year came to be diagnosed.¹² Most were well past the minimal stage. During the first five years of a case finding program beginning that year, only three of the seventy-one active cases discovered had reported because of symptoms.¹⁴

The well known rise in the incidence of tuberculous infection with advancing age is brought out in our national figures that reveal students of age 17 to average 20.5 per cent positive reactors, those of age 21 about 26 per cent, those of 25 around 35 per cent, and those few above

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35 years approximately 66 per cent positive. The marked increase in infection rate among students of medicine and nursing is universally recognized.^{1,6,11} This has ranged as high as 96 per cent positive among the seniors of one Eastern medical college. The findings in Minnesota have been ably presented to you in the past by Boynton, Myers and others.¹ We must regard such professional courses of study as within a definitely "special hazard" class, where they must remain so long as there are known or unknown tuberculosis patients to be nursed and treated. The necessity for minimizing hazards through improving every technic designed to prevent infection or re-infection of students should be obvious.

Adding the examination of fasting stomach sediments to the other procedures for studying suspected cases has largely overcome the problem of the sputumless or uncoöperative patient. Stiehm reports detection of tubercle bacilli in gastric specimens from 72 per cent of those who had negative or no sputum, when reinforced by guinea pig inoculation.¹³ At Carleton College the only clinically suspicious case we found this year was corroborated from a bacteriologic standpoint only through use of this device. It is to be hoped that laboratory facilities here and elsewhere may soon permit such vital examinations to be freely available whenever needed.

Up to this point we have dealt with methods. Let us now scrutinize results. Figures for 1937-38 and for 1938-39 are almost identical in their proportions and absolutely without variation as to what they teach. They indicate one fact only: that tuberculosis can be found, and found early, by anyone willing to look for it with his clinical eyes open. Tuberculosis is missed, or found only upon rare occasion and purely incidentally by physicians or institutions pursuing out-dated methods. For example, last year in those 165 colleges supporting case finding, enrollment totalled 348,713 students. Determined search for tuberculosis turned up 241 clinically active cases, with 368 others diagnosed as apparently arrested, or, in all, 609 newly found cases of the disease. Of these, 151 students withdrew from college because of their lesions. There were, additionally, 320 old cases not included in the above, back in college under supervision. Bearing these figures in mind, let us consider the situation with regard to 129,851 students enrolled in 117 col-

leges answering the questionnaire, but not yet blessed with case finding facilities. Here, by one means or another, somebody, somehow managed to diagnose four cases as clinically active, fifteen others as apparently arrested, while there were ten formerly diagnosed cases back in school. Only four cases left college because of tuberculosis. In the first group of colleges the protected, investigated student population was considerably less than three times the volume of that in the second group, yet its active cases found were sixty times as numerous, and those advised to leave college for their own good and for the safety of others were thirty-eight times as many.

Should a student introduce smallpox or poliomyelitis to a college campus, events would move fast! Not only would he be isolated and properly treated, but instant search would begin for the source of his infection. His local health officer would be notified, and all the machinery of public health would be set in motion to prevent an epidemic. Something of this attitude must be transferred to tuberculosis work if we are to profit fully from the effort being expended to discover cases among students. We now know a positive reactor is nothing less than an infected human being, yet we are apt to go no further than careful examination of that one individual to determine if he is in need of care, or if he can spread his tuberculosis. Although it would entail a tremendous amount of work if a system of back-tracking as thorough and exhaustive as our present process of follow-up were to be supported, we must give earnest thought to this side of the problem if we are hoping for elimination of tuberculosis from the whole population. Since we know that most infections in early childhood are traceable to the home environment, later ones to a widening and more elusive circle of contacts, we are doing only a partial job when we fail to enlist the aid of relatives, family doctors, and local tuberculosis and social agencies in ascertaining where in his own community a student may have picked up his tubercle bacilli. Frequently the search might be unavailing, but there can be little doubt that many instances of unrecognized, open tuberculosis would be located in this way. Another challenge for the future is to buttress the present college case finding with pre-college programs such as we have in many progressive districts already, and with post-graduation technics on at least as high a plane

as those enjoyed by the student while in college. Instead of filing and making a cold statistic of the clue provided by every positive tuberculin reactor, we should seek ways and means of passing it on to those of our associates best able to utilize it in strengthening public health efforts against tuberculosis.

Before concluding, an appeal should be issued to physicians in general and to tuberculosis specialists in particular to cooperate with the student health doctors who are attempting to popularize a campaign built around the words "early" and "preventive." The fact that the great majority of tuberculous patients (70 to 80 per cent of entering cases) still approach sanatoria when well beyond the minimal stage, their hospitalization prolonged, their prognosis greatly modified, their personal and public economic loss magnified, their rehabilitation complicated, testifies to the task that confronts us all before most or all cases can be diagnosed and treated early and hopefully. It is axiomatic that every far advanced case, every fatality, was once a minimal case, probably remaining so for a considerable period of time, but it is just as obvious that minimal cases must be going unrecognized seven or eight times out of every ten. The discouraging phase of the problem to the student health physician lies in the fact that all too often family doctors and internists alike, together with a certain number of those devoted exclusively to tuberculosis practice, are apt to belittle or grant scant attention to the preclinical, symptomless case once it has been found. On the same unfavorable side of the ledger appear those patients prematurely allowed to resume activity. These are usually people who become impatient, or whose medical adviser may still be living among the concepts of tuberculosis taught in medical schools of his day and not brought up to date. Or, perhaps, beds are needed for more of those neglected, late-diagnosed cases that represent stimulating surgical challenges as opposed to the minimum measures necessary to restore to health the early-identified cases.

If some college physicians are open to the criticism of being overly enthusiastic and active in the direction of early diagnosis and prompt, unhurried treatment, they surely are erring on the safe side. It would be just as easy to observe that occasionally some very eminent specialists concentrate too much time and effort, proportionately, on the very thing they publicly deplore—the late manifestations of tuberculosis. So, too, many otherwise up-to-the-minute general practitioners doggedly prefer symptoms to search, stethoscope to x-ray film. Somewhere in between two wide extremes is the level of common-sense cooperation, aided by lay education, upon which we should all be laboring shoulder to shoulder to defeat an ancient enemy—tuberculosis.

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EARLY DIAGNOSIS CAMPAIGN—THE RURAL HENNEPIN COUNTY PLAN*

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SOME one—was it the currently popular Chinese savant—has said, "It is as dangerous to recall a prophesy as it is to loan money to a friend." Nevertheless, on the eve of the Annual Early Diagnosis Campaign there may be some profit in looking backward to 1904 when the National Tuberculosis Association, with the courage and zeal characteristic of all young crusaders, announced as its objective, "No Tuberculosis by 1915." The thirty-six years of continuous effort in tuberculosis control since then have taught us the futility of that early shibboleth. But at the time it was made there was already in the world assurance of its ultimate accomplishment.

Leprosy, the dreaded plague of the Middle Ages, a disease which had instilled in human beings a fear without parallel in medical history, had been driven from Central Europe in two hundred years by merely isolating the leper in some of its nineteen thousand monasteries. If Europe in the Middle Ages, without decent sanitation, without cleanliness or public health protection of any kind, could conquer the terrible plague of leprosy, then surely the United States through the isolation of the tuberculous in sanatoria could expect to control tuberculosis—and it ought not to take more than eleven years to accomplish it. At least so thought the founders of the National Tuberculosis Association.

In their minds the problem was comparatively simple, merely locate the cases of tuberculosis in the early stage of the disease, before they had become infectious to others and treat them in a sanatorium.

This seemed an excellent plan and one to which an eager nation gave unexpected response through the purchase of Christmas Seals and the passage of laws setting aside public funds for the construction and maintenance of sanatoria.

But in all this planning they forget that leprosy is on the skin and easily seen while tuberculosis is hidden deep in the lungs and therefore is more

difficult to detect. Perhaps that is why the plan did not work out as has been anticipated, for the patients who came to the sanatorium were in the advanced rather than the early stage of the disease.

In the United States right now, according to the most recent survey of the American Medical Association, there are 202,021 persons under treatment for tuberculosis, in public and private institutions, the maintenance of which represents an annual expenditure of over seventy million dollars. In some communities there are between three and four beds per death and today vacancies are occurring in some of our once crowded institutions.

To derive the maximum benefit from these facilities an active early diagnosis campaign is imperative. For in the words of the late Dr. David A. Stewart, "Known tuberculosis can be made partially safe but when it is unknown and therefore not being taken care of, it is always dangerous."

It was to find this unknown case that the Wisconsin Anti-Tuberculosis Association began its diagnostic campaign in 1918 or 1919 which has been so successfully carried out during the years since. To be sure, in this interval, the emphasis has shifted from an educational campaign and a chest examination of the sick person to the study of the apparently well person through the use of the tuberculin skin test and chest x-ray. Thus, while the objective of the early diagnosis campaign remains the same, its methods have been modified.

Because of your own well-organized plan of searching for the unknown case, discussing the early diagnosis campaign before this group is like "carrying coals to Newcastle." Nevertheless, I think you may be interested in the country-wide search for the unknown case as carried out in rural Hennepin County. This is a coöperative program participated in by the Hennepin County Tuberculosis Association, the Glen Lake Sanatorium and the private physician who reports his findings to us.

This coöperative survey includes two groups:

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first, the school child and his adult contacts both in the school and in the home; and, second, the contacts of the new cases of tuberculosis reported to the Health Department.

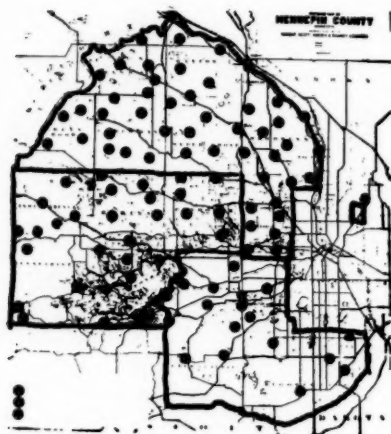


Fig. 1

To carry out the survey of the school child and his contacts, the county is divided into three parts and one part is tested each year. It takes three years, therefore, to cover the county and on the fourth year we begin all over again. The accompanying chart shows the division of the county and the location of survey centers (Fig. 1).

The work itself has two phases: (1) educational or publicity, which is directed by the Hennepin County Tuberculosis Association, and (2) medical, directed by the Sanatorium but including the private physician.

The Tuberculosis Association in its educational work contacts the schools and through talks before parent-teacher associations, letters signed by the County Superintendent of Schools, and personal work of the nurses, sells the idea of a school survey to the parents and the school employees. This publicity is very important because upon its effectiveness in securing signed cards of consent for the tuberculin skin test depends the success of the survey as far as it pertains to the number of children, school employees, and adult contacts studied.

This coöperative program was begun in rural Hennepin County in 1925. At first the positive reacting children and school employees were sent to the Sanatorium for their roentgenograms. But

by 1932 it had become apparent that this was not a satisfactory method and since then, with the approval of the Hennepin County Medical Society, we have been using a portable x-ray machine which can be set up in the schools. In approving the use of the portable x-ray machine, the Medical Society requested that the family physician be informed of any abnormality found. This we gladly agreed to do and since then we have been most careful in following out that agreement.

This is a very excellent arrangement because it enables us to take films of the household contacts at the same time with the positive reacting children and the school employees. The technicians who do this work have taken as many as 650 x-ray films in one day and can easily take about sixty an hour.

Table I shows that the publicity work has been carried out very effectively.

TABLE I. SURVEY WORK IN RURAL HENNEPIN COUNTY

	1935	1936	1937	1938	1939
Percentage of school children in district who were tested	82.7	54.3	82.8	92.2	84.9
Percentage of those tested who reacted positively....	24.4	24.4	23.3	18.1	21.6
Percentage of positive reactors who had x-ray films	94.0	64.5	95.0	97.1	94.1

With the exception of the year 1936, when a special situation occurred which will not repeat itself, we were able to secure consents for the tuberculin testing of from 82.7 to 92.2 per cent of the school children enrolled in the district surveyed. The percentage of positive reactors in the district varied from 18.1 to 24.4 per cent although in some of the one room schools there were no positive reactors.

We have often wondered why parents refused to have their children tuberculin tested. In investigating one such group we found that in every instance the State Board of Health had a record of tuberculosis in families with the same given name and surname of the parents and children as in our group. In some of the families our records included other children, born since the original record has been made. As the addresses of the families were different, the State Board of Health would not state definitely that these were the same families but it would seem quite a coincidence if they were not. It is logical to assume that when tuberculosis was diag-

nosed in these families, they moved into a new community where their neighbors would know nothing about it and because of this they refused to have their children tuberculin tested. Of course this may not be the sole reason why parents refuse to have their children tested but it may be one of the most important reasons.

The next step in the program is to take x-ray films of the positive reactors and during the years under consideration we were able to do this, again with the exception of 1936, in from 94 to 97 per cent of the positive reacting children (Table I). No x-ray films are taken of the younger children until they enter the teen age. Those in the teen age have a film taken yearly. How important this x-ray examination may be at times is illustrated by the story of I. K. who was the son of one of the bankers in rural Hennepin County. He was very active in the extra-curricular life of the school, played in the band, was on the basketball team, and seemed to enjoy life thoroughly. His tuberculin test was positive and as he was afraid that some of his pleasures might be curtailed if anything was found on the x-ray film, he refused to have this examination made. When he entered the University two years later he was roentgenographed along with the other freshmen and advanced disease was found. He was then admitted to the sanatorium and remained there almost seven years, but it was too late and he finally died. The delay in diagnosis cost him his life. This story is not unique; every sanatorium has duplications of this tragic record.

The forest ranger looks upon smoke in the forest as an indication of a fire. In the same way we look on the positive tuberculin reaction in a child as evidence that the child has been in contact with an open case of tuberculosis. Our problem, then, is to find this contact if possible. The child's contacts, who fortunately are rather limited, can be divided into two broad groups, school contacts and the household contacts.

(a) *School Contacts*.—Because of the community's interest in this program, and the excellent coöperation of the various boards of education, we have been able to tuberculin test or roentgenograph from 60.2 to 90 per cent of the school employees. I hope the time is not too far distant when public opinion will require of teachers annual evidence of freedom from tuberculosis as determined by a chest film before they

begin their work in the fall. I realize that contracts are signed in the spring and therefore my suggestion may create quite a problem, but I believe it can be solved.

(b) *Household Contacts*.—This group consists of any one, school child or other persons fifteen years of age or over living in the home. Aside from those in school and those who may be checked by their family physician our study of this group is limited to an x-ray and sputum examination if there is any sputum. The x-ray examination is made at the school at the same time that school employees and children are having films taken.

In spite of the fact that this x-ray service is furnished at the expense of the taxpayers and only requires one trip, we have been able to secure films on only from 47.5 to 69.5 per cent of this group. If it were not for the children over fifteen years of age who have films taken as part of the school survey, the percentage of household contacts examined by x-ray would be considerably less.

It is a curious commentary on human nature that people who are willing to have their cattle tested for tuberculosis apparently resent the suggestion that somebody in their household might be the cause of the infection of their child. This attitude is well illustrated by the story of a young girl who was over-weight for her age but whose tuberculin test was positive. The mother assured the nurse that she and her husband were both free from tuberculosis and could not be the source of infection. Upon further questioning the nurse found that the father had a cough. The mother thought it was due to the fact that he was an engineer and got very warm in the boiler room and then went outside to cool off. After much persuasion the father underwent x-ray examination and he was found to have moderately advanced tuberculosis. Prompt treatment in a sanatorium restored his health.

It seems to me that our next step should be to devise some means of securing better coöperation from this group of contacts. For various reasons this is most difficult at times.

The last group studied is that of the contacts of the known cases of tuberculosis who are reported to the State Board of Health (Table II). Our nurse calls on the physician, who made the original report, to offer the help of the sanatorium in having the household contacts of his

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TABLE II. SURVEY WORK IN RURAL HENNEPIN COUNTY

	1935	1936	1937	1938	1939
Percentage of employees in schools surveyed who were tuberculin tested or roentgenographed	60.2	35.8	71.4	90.0	87.9
Percentage of adult household contacts tuberculin tested or roentgenographed			47.5	69.5	63.0
Percentage of household contacts of new cases reported to the Health Department tuberculin tested or roentgenographed			81.4	83.2	80.2

patient examined. He may want to examine them himself. If so, the nurse gives what assistance she can in persuading the other members of the household to go to his office for a check-up. If he wants us to examine them, we do so. Even though this study has been going on only three years, we have been able to tuberculin test or x-ray from 80.2 to 83.2 per cent of the household contacts of the known cases.

So far we have merely described our methods. Now for the results.

According to Tables III and IV, it is apparent that except for 1939, more cases of adult tuberculosis have been found by surveying the school child and his contacts, both in the home and in the school than have been found among the household contacts of the new cases of tuberculosis. In 1939, however, we found five cases of adult tuberculosis among the contacts of one known case (Table V).

These were all found in one family consisting of a father and mother and seven children who ranged in age from thirteen to twenty-three, one of whom, a twenty-three year old son, was found to have active tuberculosis. When the rest of the family was tuberculin tested, two of the children, a thirteen year old girl and a seventeen year old boy, were considered to have positive tuberculin tests. In both, the original x-ray examination was negative. It is still negative in the girl. But a lesion was demonstrated in the seventeen year old boy on a subsequent x-ray film. He is now a patient in the sanatorium.

The tuberculin test of the other four children, one boy and three girls, was considered negative and they were all told that because of the negative test they could not possibly have tuberculosis. The first x-ray film of the oldest one, a twenty-three year old girl, was negative and sub-

TABLE III. NEW CASES OF ADULT TUBERCULOSIS DISCOVERED BY THE SURVEY IN RURAL HENNEPIN COUNTY

Calendar Years 1935-1939		1935	1936	1937	1938	1939
1. School Survey						
Examined by test or x-ray						
or both	2385	3196	4636	6234	5974	
Children	2166	3012	3993	4976	4757	
Adult tuberculosis....	2	0	1	4	1	
Inactive	1	0	1†	1	1	
Activity questionable..	1*	0	0	3	0	
Employees	67	70	150	219	294	
Adult tuberculosis....	1	1	2	2	1	
Inactive	1	1	0	1	1	
Activity questionable..	0	0	2	0	0	
Active	0	0	0	1	0	
Adult contacts	152	114	493	1039	924	
Adult tuberculosis....	4	1	13	11	10	
Inactive	3	1	12	11	9	
Activity questionable..	1	0	1	0	0	
Active	0	0	0	0	1	
2. Survey of Household Contacts of Known Cases of Tuberculosis						
Known cases			32	43	42	
Total household contacts			113	143	116	
Number of contacts tested or x-rayed			92	119	93	
Adult tuberculosis			0	0	5	
Inactive					1	
Active					4	

(In addition, as a result of our work in 1938, an adult contact was x-rayed by a private physician and was found to have active adult tuberculosis and was admitted to the sanatorium. In 1939 two old cases of adult tuberculosis were "rediscovered" and admitted to the sanatorium.)

*Admitted to the sanatorium and discharged in 1937 as childhood tuberculosis, apparently arrested.

†X-rayed again in 1939 and all plates were re-read as negative.

TABLE IV. SUMMARY

New Cases of Adult Tuberculosis Discovered by Survey in Rural Hennepin County		1935	1936	1937	1938	1939
1. School Survey						
Children	2	0	1	4	1	
Active	0	0	0	0	0	
School employees	1	1	2	2	1	
Active	0	0	0	1	0	
Adult contacts	4	1	13	11	10	
2. Household Contacts of Known Cases						
Known Cases			0	0	5	
Active			0	0	4	

sequent films are still negative. In one of the remaining girls the original film was negative but subsequent ones showed evidence of tuberculosis. This girl is now a patient in the sanatorium. The original films of the remaining boy and girl were both considered positive. The boy is now a patient at the sanatorium. The girl is still at home even though her last film shows a spread.

While these four cases were discovered as a

EARLY DIAGNOSIS CAMPAIGN—MARIETTE

TABLE V. CASE STUDY

<i>Father: Negative x-ray.</i>				<i>Mother: Bilateral — upper lobes both lungs—more marked on right—apparently inactive.</i>		
G	L	Et.	El.	R	W	E
23 yr. old female	22 yr. old male	20 yr. old female	19 yr. old female	17 yr. old male	16 yr. old male	13 yr. old female
Tuberculin test negative	Cold, Fall of 1938	Tuberculin test negative	Tuberculin test negative	Tuberculin test positive	Tuberculin test negative	Tuberculin test positive
X-ray—March negative	Tuberculin test negative	X-ray March 1939 negative	X-ray March 1939 showed bilateral tbc. left 4th I. S. right 3rd & 4th ribs, anterior	X-ray in Feb. 1939 negative	X-ray in Feb. 1939 positive	X-ray in Feb. 1939 negative
Still negative Oct. 10, 1939	Diagnosed as pneumonia on Dec. 16, 1938	X-ray June 27, 1939 positive, showed early lesion	X-ray in May showed spread	X-ray in June 1939 showed early lesion	Admitted to Sanatorium April 16, 1939	Still negative Oct. 10, 1939
	Hemorrhage Dec. 29, 1938 Positive sputum	Admitted to Sanatorium July 23, 1939	Still at home	Hemorrhage Feb. 9, 1940		
	Admitted to Sanatorium Dec. 30, 1938			Admitted to Sanatorium Feb. 9, 1940		

result of a survey of the contacts of a known case of tuberculosis, it is within the realm of probability that they too could have been discovered as a result of the school survey if the parents had permitted us to tuberculin test the children when their school was surveyed. But the parents always told the nurse that there was no tuberculosis in their family and so refused to have the children tested.

The father's film is negative but the mother's shows scars of bilateral disease which is apparently inactive. She is the fifth case. Her history is interesting. She had what was thought to be pneumonia twenty-two years ago when her second child was about six months old. The nurse who cared for her at that time died of tuberculosis about a year and a half later. Also, about seventeen years ago a hired man died of tuberculosis within a year or two after leaving the farm. About thirteen years ago the mother's brother died of tuberculosis at the age of forty-two but his contact with the children was very casual and infrequent. Was the mother's pneumonia of twenty-two years ago tuberculous and has it left a long trail of infection and disease in this family? Was it responsible for the death

of the nurse, the hired man and possibly her brother?

The first x-ray films of some of the household contacts were interpreted as negative but disease was discovered in subsequent films. This illustrates the value of periodic x-ray examinations in following contacts.

Please do not misunderstand me. These statements concerning the finding of active tuberculosis when the original x-ray film was considered negative or in the presence of a tuberculin test which has been interpreted as negative are not made to disparage either x-ray examination or the tuberculin skin test. They are made for two reasons, one, to call your attention to the fact that because of variable human factors there is in my opinion no one test which is so infallible that when it is negative upon one application tuberculosis can be definitely ruled out. Also, I believe that the diagnosis of early tuberculosis should consist of far more than a bottle of tuberculin and an x-ray machine. It should include a thorough study of the individual in which all of the evidence is weighed. If there is anything to suggest tuberculosis, a thorough examination including a tuberculin skin test, an x-ray and a sputum examination, should be made.

EARLY DIAGNOSIS CAMPAIGN—MARIETTE

TABLE VI.—TUBERCULOSIS MORTALITY FOR YOUNG MALES AND FEMALES

Registration States of 1900, 1900-1935 (Nicholson)

Year	15-19 years			20-24 years		
	Rate per 100,000 pop.		Excess of Female over Male Rate	Rate per 100,000 pop.		Excess of Female over Male Rate
	Male	Female		Male	Female	
1900	124.1	177.7	43%	249.7	265.8	6%
1910	111.1	133.0	20%	190.9	204.0	7%
1920	79.0	131.6	67%	137.9	179.4	30%
1930	37.4	67.3	80%	76.6	103.6	35%
1935	24.2	44.1	82%	53.8	76.2	41%

My second reason is to call your attention to the fact that in all crusades, and the battle against tuberculosis is a crusade, the pendulum always swings too far. Witness the first surge of building preventoria. One state went so far as to build preventoria for children who were considered to be predisposed to tuberculosis if they happened to be fifteen per cent underweight, while it did not have enough beds to care for all of the open cases. Now the correction has set in and some want to abolish preventoria altogether. In time we will find the proper balance. Because of the tendency to over-correct, we have not closed our preventorium. So too the pendulum has swung too far in the tuberculin studies. In time that will be correctly appraised and it will become generally recognized that active tuberculosis can exist in people who are in fairly good condition in spite of the fact that the tuberculin test is negative.

It is the accepted belief that more tuberculosis can be discovered through a study of the contacts of the known cases than through a study of the contacts of the positive reacting school child. Our studies do not support this belief. I have no explanation to offer as to why more tuberculosis was found as a result of the school survey unless it be that we are dealing with families in a mixed rural and village community. If these families have school children in contact with open cases of tuberculosis, these children should lead us to the open case of tuberculosis before he becomes sick enough to consult a physician.

One group not yet included in our study is that of the industrial worker. It is very probable

that surveying the industrial contacts of known cases of tuberculosis may be more productive of new cases than the contacts of the school child.

The early diagnosis of tuberculosis among adolescents is very important and warrants a special study.

According to Table VI it is apparent that the death rate among girls is higher than among boys. Some have attributed this difference to the dietary fad which girls adopt to attain that ideal figure and to their ideas of modern dress. But this condition has existed since 1860 in England and Wales and since 1900 in this country, and present-day ideas of dress and diet did not prevail then. Therefore, these cannot be the primary cause of this condition. It must be something else and the logical conclusion is that it is due to biological factors.

While biological factors might be the cause for the slight excess in the death rate for girls as compared with boys for 1900 and 1910, they could not account for the sharp jump in the excess death rate for girls between 1910 and 1920 and from then on. One explanation is that in this decade following the World War more women went into industry and tried to compete with men in their manner of life and work. Whether that represents cause and effect or merely coincidence, one cannot tell.

Figure 2 compares the death rate according to sex and age. From fifteen to thirty-five the death rate for females is higher than for the males with the peak occurring in the five year period between twenty and twenty-four years of age.

This coincides with the period of woman's greatest fertility and after that the death rate declines rather markedly. At fifty it begins to rise. The death rate for males reaches its peak in the seventy to seventy-four years of age period. From about eighty years on, both the males and females have approximately the same death rate.

In a report summarizing the results of treatment of the teen age individuals, Chadwick quotes Morgan who summarized the condition in 1938 of 320 children ten to eighteen years of age who had been treated at the Westfield State Sanatorium between 1920 and 1938. He reports that of this group, 62 per cent are dead, 14 per cent under treatment, and 17 per cent are well,

and only 7 per cent could not be located. The treatment used generally was prolonged bed rest supplemented by an occasional pneumothorax.

Chadwick also referred to a series of 55 boys

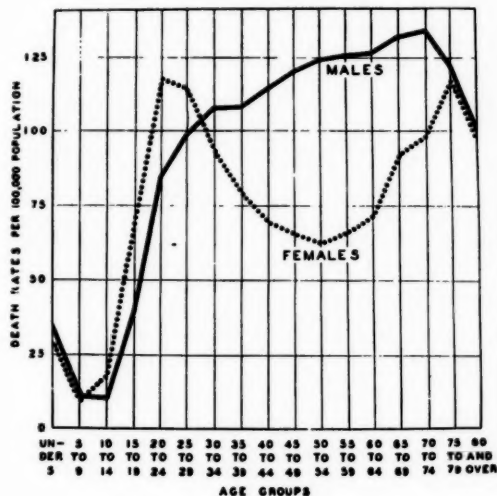


Fig. 2

and 131 girls reported by Zachs. Of the group that received routine sanatorium treatment, 30.9 per cent of the boys were dead and 34.4 per cent of the girls. However, in the group that received collapse therapy in addition to routine treatment, only 8.5 per cent of the boys were dead and 23.1 per cent of the girls.

Chadwick in a similar study at the Middlesex County Sanatorium covering a five to ten year period where 50 per cent of the group received pneumothorax, reported that 4.8 per cent of the boys were dead and 21.7 per cent of the girls.

This would also indicate that the problem is greater among the girls than it is among the boys and would suggest that the high schools might be a very fertile place for an intensive early diagnosis campaign.

Another group where the early diagnosis of tuberculosis is important is that of the sanatorium hospital personnel, particularly those who come in close contact with the patients.

Because of the greater exposure to tuberculosis and infections in general which accompany close contact with the sick person, it is imperative that whatever disease may develop in this group should be detected early.

To that end many hospitals have set up planned health services for their employees

which, as far as tuberculosis is concerned, centers about contagious technique to prevent or reduce the massiveness of infection, and frequent x-ray examinations to detect tuberculosis before it has had a chance to develop very far.

But there is no unanimity of opinion as to what constitutes adequate contagious technic for acute disease hospitals let alone for the tuberculosis hospitals. Certainly if contagious technic alone is adequate then we should be able to agree on the type of technic which will best prevent transmission of infection from patient to nurse. But from studies made at different hospitals where different types of technic are used, it is apparent that the more elaborate technic is no more effective than the less elaborate technique. No technic that I have heard of is "foolproof." Therefore, some other means should be found to give the nurse added protection. If so, what more is there to do unless it be vaccination?

In that connection, evidence is gradually accumulating to indicate that a tuberculin positive nurse develops tuberculosis much less frequently and much less severely during training than does the nurse who was tuberculin negative when she began her training.

That raises the question—why is the tuberculin negative nurse not vaccinated with B.C.G. and thus made tuberculin positive with a non-virulent strain of tubercle bacilli? If this were done she would receive the same type of protection to enable her to care for the tuberculous that the non-immune nurse receives before she cares for other communicable diseases.

Some claim that not enough is known about the safety and the efficacy of B.C.G. to warrant its use. But evidence is also gradually accumulating to indicate that the tuberculin negative nurse who becomes tuberculin positive after vaccination with B.C.G. has almost as much immunity as the nurse who was tuberculin positive at the beginning of training. Furthermore, numerous investigators report that B.C.G. is safe. For instance, Kayne, in 1936, stated that if all the reports of disease which occurred in the 1,343,000 infants vaccinated with B.C.G. could be proved due to the vaccination, the ratio of tuberculous deaths would be less than one in 15,000.

In 1938 Asfora and Livramento of Brazil analyzed the reports of vaccination with B.C.G. and concluded that it is safe in that the morbidity and mortality rates are about one-third

as great in the vaccinated group as in the non-vaccinated group. Because of that he concludes that vaccination with B.C.G. is one of the strongest weapons in the battle against tuberculosis.

Thus, an impartial analysis of the literature gives rather good evidence of the protection afforded by a positive tuberculin reaction whether acquired naturally or as a result of vaccination with B.C.G. This analysis also indicates that B.C.G. is safe.

In spite of this, hospital authorities seem to consider that contagious technic will afford the tuberculin negative nurse all the protection she needs in the prevention of disease as a result of spread of infection from patient to nurse. Yet in all other communicable diseases the hospital authorities consider that contagious technic alone is inadequate and insist that the non-immune nurse be vaccinated or immunized before beginning this service. If contagious technique alone does not afford adequate protection for the non-immune nurse in the care of smallpox or scarlet fever, why should it be considered sufficient to protect the tuberculin negative nurse in the care of tuberculosis?

The converse is also true. If immunization afforded the nurse all the protection she needed against infection which was transmitted from patient to nurse, then there would be no need of her using contagious technic. Her vaccination would render her immune even to massive infection. But we know that if the dose of infection is great enough, it can break down any resistance which may have developed as a result of immunization against any communicable disease.

Thus, because neither contagious technic alone, nor vaccination or immunization alone gives the nurse adequate protection in the care of these diseases, hospital authorities insist that the nurse combine vaccination or immunization with contagious technic. What right have we to expect more protection from the use of contagious technic in the care of tuberculosis than in the care of other communicable diseases?

If vaccination with B.C.G. does nothing else, it produces a primary infection with an organism of low virulence so that the hematogenous spreads associated with massive primary infections which appear later as lesions of extrapulmonary tuberculosis would be avoided. But

from the evidence found in literature I am convinced it does far more than that.

Therefore, I look forward to the day when the hospitals in the United States will adopt the policy so prevalent throughout Norway, Sweden and Denmark where all of the tuberculin negative nurses and other hospital employees are vaccinated with B.C.G.

In this way, we can give the tuberculin negative nurse who is caring for tuberculous patients the same type of perfection that the non-immune nurse has in the care of other communicable diseases, namely, vaccination or immunization plus contagious technic.

In closing, I want to sound a note of encouragement and of warning. Encouragement in that tuberculosis is declining throughout the entire world more rapidly some places than others but still the trend is downward. Warning that we do not become too complacent and too self-satisfied over this decline. With the reduction in tuberculosis which must accompany such a reduction in the death rate, it will become more difficult to find the unknown case and find it we must for, in the words of Dr. Stewart, "The unknown case is dangerous." Thus, the importance of the early diagnosis campaign increases.

We must sharpen our tools or find new ones for the tremendous task which still remains to be done. In 1940 in the United States about 70,000 people will die from tuberculosis and about 500,000 or enough to populate a city about the size of Milwaukee will be made ill by it. So you see there is a great deal to do before we can rest secure in our belief that tuberculosis has been controlled.

We think our future efforts should center about the following: (1) an intelligent education of the public; (2) a thorough search for the open case of tuberculosis who may be infecting others; (3) securing adequate sanatorium facilities in communities which lack them; and (4) vaccination with B.C.G. of nurses, doctors, and other hospital personnel who come in intimate contact with known or unknown cases of tuberculosis and thus are unavoidably exposed to tuberculosis in their line of duty.

Education should be directed towards training the public consciousness to consider health a positive and priceless possession to be safeguarded through constant alertness. If that day ever

(Continued on Page 494)

HISTORY OF MEDICINE IN MINNESOTA

HISTORY OF MEDICINE IN WINONA COUNTY

(Continued from June issue)

Biographies

Mrs. Lou Finch practiced as a physician at Winona City. She came in 1872 and boarded at the Riverside Hotel.

John D. Ford was born at Cornish, New Hampshire, April 18, 1816. He graduated at Dartmouth College, and subsequently from the Jefferson Medical College (1844). Soon afterward, he commenced the practice of medicine at Norwich, Connecticut. While a resident of Norwich he was interested in the educational institutions of that city, and labored earnestly in behalf of its common schools. After a successful practice of about eleven years, he was compelled to seek a climate more congenial to his health, and came to Winona in 1856. His practice was extensive. After May, 1862, he associated himself with Dr. F. Staples. Dr. Ford gave up his practice not long after that, because of poor health. In 1859 he had become the agent for the Norwich Fire Insurance Company of Norwich, Connecticut, and later he was the agent of several other eastern insurance companies. He established extensive relations between these companies and the citizens of Minnesota.

Dr. Ford held several public offices during his stay in Winona. He was elected alderman in March, 1857. In November of the same year, he is mentioned as chairman of the trustees of the school districts, and retained the office in 1858. In March, 1860, Dr. Ford was elected one of the directors of the State Normal School. Three years later, he was appointed school examiner for the second district by the Board of County Commissioners. In the same year he became government pension surgeon for Winona.

Dr. Ford died in Winona of typhoid pneumonia on November 5, 1867. He may well be considered a pioneer in the interest of the common school system of the city and state. His son, Guy Stanton Ford, is President of the University of Minnesota.

George L. Gates, M.D., was born in Harwington, Litchfield County, Connecticut, December 4, 1837. In early life he was taken to Cortland, New York, where he received his academic education and then studied medicine in a physician's office. In the spring of 1855 he came with his family to Saratoga township in Winona County. He remained on the home farm until the outbreak of the Civil War. He enlisted in the volunteer infantry in 1861. During the last months of his three-year service, he was an assistant in the ambulance corps. After returning to Saratoga for a few years, he entered the medical department of the University of Pennsylvania in 1869. He then spent two years in practice with his cousin, Dr. H. A. Balles, at Cortland, New York. In 1872 he opened an office in Caledonia, Houston County, Minnesota. In 1880 he came to Winona where he prac-

HISTORY OF MEDICINE IN MINNESOTA

ticed for many years. He became a member of the county, state, and American Medical Associations, and belonged to several fraternal orders in Winona. Dr. Gates practiced under the exemption law.

Charles M. Gernes came to Winona in 1878, or before. He was a Hollander. Judging from available reports, Dr. Gernes did not practice medicine in Winona, but engaged in farming and the grain business. He had a farm near Saint Charles in 1878 but did not live there.

J. Gilchrist, M.D., homeopathic physician, opened an office and started practice in Winona in 1860. His card published in 1866 read:

J. GILCHRIST, M.D.

Homeopathic Physician (Late surgeon to Phila.
College Dispensary). Office hrs. 7 to 9 A.M.—
1 to 2—5 to 7 P. M. Office in the brick bldg. on
3rd st. below Huffs Hotel.

(See Steele County)

O. F. Gile, physician, practiced at Pickwick in 1878-1879. Later, between 1883-1890 he practiced at Dakota. Dr. Gile had an exemption certificate.

Arnold P. Gilmore came to Winona soon after his graduation from the Jefferson Medical College in 1874. During his stay in Winona, he was an instructor at the Winona Preparatory Medical School. In 1876 he became a member of the Winona County Medical Society, and in 1878, a member of the State Medical Society. He was considered a highly educated and skilled physician, and made a specialty of diseases of the eye, ear, and throat. In 1879 he moved to Chicago.

A. Gray was a doctor at Utica. He died in 1863.

H. C. Grover graduated at the University of Iowa in 1855. In 1881 he was practicing at Rushford. Later, he became a member of the Winona County Medical Society.

H. H. Guthrie graduated from Rush Medical College, Chicago, in 1863. He came to Saint Charles about 1868. He was a charter member of the Winona County Medical Society organized the next year. Later, in 1878, he became president of that society. In 1870, Dr. Guthrie was elected to membership in the State Medical Society. He was the first president of the library association organized at Saint Charles in December, 1871, and again held that office in 1879. Dr. Guthrie engaged in the drug business with Tamblin in 1869, and again with a man named Smith as a partner in 1873, and probably continued in that business until his departure in 1881. At that time he moved to California. It is interesting to note that Guthrie read a paper on "Indigenous Remedies" before the Winona County Medical Society in 1874.

B. Hahn came to Winona in November, 1869, and published the following card:

DR. B. HAHN
(Late Surgeon, U.S.A.)
German Physician

Medical and Surgical Office, Third Street opposite
N. H. Wood's Store.
Residence—Sixth Street, between Lafayette and
Walnut.

HISTORY OF MEDICINE IN MINNESOTA

T. E. Hall was a doctor in Dresbach in 1883.

E. W. Hammes graduated from Rush Medical College in 1882. He lived at New Trier until he moved to Winona in 1884 or 1885. Dr. Hammes became a member of the Minnesota State Medical Society in 1883. He remained in Winona for several years and then moved to Hampton.

E. A. Hebard, M.D., came to Winona in April, 1862, and associated himself with Dr. A. S. Ferris. He later succeeded to Dr. Ferris's practice. In 1879 he moved to Grand Rapids, Michigan.

N. F. Hilbert was a doctor at Rollingstone in 1882.

A. T. E. Hilton resided in Winona for a year or two about 1865-1866. He died at East Orange, N. J., in January, 1884, at the age of seventy.

Jens Hohn was a Winona doctor in 1863.

Holeman S. Humphrey came to Winona in 1866. His first advertisement read:

"A cure guaranteed in every case of piles treated and no money required until the cure is effected." In May, 1876, he opened a surgical institute in a building on which he had a five-year lease. He had several assistants and treated all manner of surgical cases and constitutional diseases. In 1878, he started the New Turkish Bath and Surgical Institute, with a ten-year lease on his new building. His business met with unusual success in Winona. He sold his establishment in August, 1880, and moved to Janesville, Wisconsin.

Dr. Ireland practiced medicine at Beaver in 1857. He may also have lived at Elba.

I. P. Jones practiced at Dresbach at some time between 1883 and 1890. He had an exemption certificate.

W. C. Jones was one of the early settlers of Winona and proprietor of the Minnesota House (at Winona) in 1854. He did not practice medicine there. In 1881 he was living near Rock Island, Illinois.

C. R. J. Kellam came to Saint Charles with his family and started practice in the spring of 1876. He came from Lynn, Massachusetts, and was a graduate of Harvard Medical School. He published a half column in the *Saint Charles Union* the following spring, a treatise against the practice of advertising by medical men. During most of his stay in Saint Charles, Dr. Kellam kept an accurate thermometrical record of the weather. He died in that village in March, 1879.

Linn A. Kelly, M.D., was born in Schenectady, New York, May 18, 1845, and was brought to Elgin, Illinois, when a small boy. He attended the grade schools there, then studied at Galesburg, Illinois, and at Beloit College, Beloit, Wisconsin. He entered the Eclectic Medical Institution at Cincinnati and finished his medical education at the Bennett Medical College of Chicago, graduating from that institution in 1869. He at once started prac-

HISTORY OF MEDICINE IN MINNESOTA

tice at Peoria, Illinois. After a short time, he went to Elgin and practiced there until he came to Winona in 1872. His physician's card read as follows:

DR. L. A. KELLY

Physician and Surgeon

County or City calls attended day
or night promptly

Dr. Kelly was city physician of Winona for two years in 1881-1882. He was president of the Winona Board of Education for one year, and a member for several years. He was also a member of the Eclectic Association of Minnesota, and was on the State Board of Pension Examiners. He died in Winona in 1910.

Edward D. Keyes was born and raised in Winona. He received his early education there, and at the age of twenty-two became the student and office boy of Dr. Franklin Staples. In the fall of 1883 he entered Rush Medical College. He graduated from that institution in February, 1885, and on March 1 of that year, started practice in Winona with Dr. Staples. Later, he became one of the prominent physicians of that locality. In the year he started practicing, Dr. Keyes was elected to membership in the Winona County Medical Society and in the State Medical Society. His son, John Dwight Keyes, was later associated with him.

Dennis Kimberly, M.D., practiced in Winona in 1863.

R. C. Kirk was a Winona doctor. He left that town in July, 1858.

D. A. Knapp arrived in Saint Charles from Maine in 1883 and succeeded to the practice of Dr. W. A. Chamberlain. Soon after that, he moved to New Richmond, Wisconsin. Dr. Knapp may have practiced in Winona County at an earlier date, about 1864.

N. S. Lane came to Winona about 1877 and was still practicing his profession there in 1931.

Oswald Leicht graduated from the Medical School of Northwestern University in 1898 and came to Winona to practice the same year.

Ferdinand Lessing graduated from the University of Pennsylvania in 1868. In 1871, while practicing in Wabasha, he became a member of the State Medical Society. He came to Winona City about 1875, and in that year he was elected to membership in the Winona County Medical Society. He was one of the instructors in the Winona Preparatory Medical School about the same time. Dr. Lessing was an active Democrat, and was elected County Coroner in 1876, holding the office for several years thereafter.

Hans Moritz Lichenstein was born in Germany in 1866. He graduated from the University of Tübingen in 1890 and came to Winona the following year.

Dr. Lozier was a Winona doctor about 1867.

H. Mager, M.D., opened an office in Winona in July, 1881. He was "formerly from Milwaukee, but latterly from Europe." Two months after his arrival, he moved to Le Sueur, Minnesota.

HISTORY OF MEDICINE IN MINNESOTA

J. B. Maitland may have practiced in Winona County in 1857.

Jacob Marti was a Winona physician in 1866. He still practiced there in 1885.

R. C. Mason came to reside in Winona permanently in December, 1885.

M. M. Mead came to Winona about 1858 and practiced there until he received the appointment of Assistant Surgeon to the First Minnesota Heavy Artillery in January, 1865. He returned from service in poor health nine months later, and again took up his practice. In August, 1871, he left Winona to engage in practice elsewhere.

Dr. McCarty practiced in Winona County in 1879.

Thomas McDavitt, M.D., graduated from the Chicago Medical College in 1879. He came to Winona to practice about 1881, having practiced medicine at Minneiska for eighteen months. Originally he was from Quincy, Illinois. In May, 1881, he and Dr. J. B. McGaughey experimented on a device to rid the county of wolves by means of chloroform. Apparently the device was not a success. During the year 1882 he was elected to membership in the State Medical Society and in the Winona County Medical Society. He became president of the latter society in 1883. In 1883, he and Dr. McGaughey had offices together as partners. At a later date he moved to Saint Paul. At the time of his death, he was a trustee of the American Medical Association.

Hugh F. McGaughey was the son of Dr. J. B. McGaughey and was born in Winona in 1873. He was educated at the University of Michigan and received his medical degree from The College of Physicians and Surgeons of New York in 1896. He began his medical career in Winona in that year. He was a man of unusual ability and successfully carried on the traditions of his father. He died suddenly in Tacoma, Washington, on July 20, 1919.

James Brown McGaughey, M.D., was born near Gettysburg, Pennsylvania, December 1, 1842. In 1849, his father who was a railroad contractor and builder brought the family by wagon train to McDonough County, Illinois, and settled on a farm. It was there that James McGaughey received his early education in private and public schools and in the McDonough Presbyterian College. In January, 1862, he enlisted as a private in the Tenth Missouri Infantry, U.S.V. The following year he became hospital steward of the First Alabama Cavalry, U.S.V. Later he received an appointment in the secret service and was very successful in enlisting Union men within the rebel lines. Soon after receiving the commission of second lieutenant of Company H, First Alabama Cavalry, he was captured and taken to Libby Prison. While in the hospital service and at other times during his busy army life, he found time to follow his bent for medical studies, his reading being guided by his brother-in-law, Dr. A. B. Stuart. After the war, he attended Berkshire Medical College, at Pittsfield, Massachusetts, and subsequently completed his course in the medical department of the University of Michigan. He received the degree of M.D. in March, 1867. The following month, he came to Winona and entered on forty-one years of continuous practice. Dr. McGaughey became a successful physician and surgeon, and was reputed an authoritative diagnostician. His work was characteristic-

ally progressive as he made frequent trips to the best hospital clinics and was a tireless reader of professional literature. He came to Winona to practice with Dr. A. B. Stuart. Later he had as his partners Dr. A. B. Young, Dr. Thomas McDavitt, Dr. D. B. Pritchard, and his son, Dr. Hugh F. McGaughey. He was for seven years a member of the firm of the Associated Physicians and Surgeons.

Dr. McGaughey had an amazing number of organization affiliations. He was one of the organizers of the Winona County Medical Society, and its secretary from 1873 to 1908. He was also one of the founders of the Southern Minnesota Medical Association, and was its president in 1894. In 1869, he was elected to membership in the State Medical Association, and held the office of president in 1884-1885. He held a membership for many years in the Minnesota Academy of Medicine. He joined the American Medical Association in 1872, and was several times a delegate to the national conventions.

Dr. McGaughey took an active part in educational matters. For ten years he was a member of the Board of Education, its president twice—in 1878 and again later. For several years he was an instructor in the Winona Preparatory Medical School.

Among his public offices, Dr. McGaughey held that of County Coroner in 1872 and 1873. In 1876-1878 he was county physician in Winona.

Numerous other organizations claimed his attention. He was one of the founders and served as president of the Winona Building and Loan Association. He had a membership in the Masonic Order, in the Board of Trade, in the Arlington Club, of which he was once president, and in John Ball Post, G.A.R., of which he once served as commander and for many years as post surgeon.

In later life Dr. McGaughey served on the State Board of Medical Examiners and on the State Board of Health. He was a delegate selected by the governor to the International Congress of Tuberculosis which met in Washington, D. C. He was one of the original members of the Board of United States Examining Surgeons for Pensions in Winona and was secretary continuously from its organization until his death.

Among his reports and papers are: "The Purity and Proper Preparation of Medicine" given before the Winona County Medical Society in 1871, and a paper on "Cholera Infantum" given before the same society in 1874. In 1878 he made a report to the State Medical Society on venereal diseases, and the following year he gave the report of the Committee on the Nervous System. In 1882 before the same society, he gave the report of the Committee on Surgery. In 1885 several essays by him entitled "Fracture of the Internal Condyle of the Humerus," "Femoral Hernia—Sloughing—Death," and "Compound Fracture of the Fore-arm" were published with the Report of the Committee on Surgery. Dr. McGaughey died in Winona in 1908.

(To be continued in August issue)

President's Letter

It is repeatedly emphasized by authorities that many more cancers could be cured than are now cured if patients could be treated early.

This truth is accepted by most of us as self-evident and we have all been irked by the seeming slowness of our educational efforts directed toward bringing the cancer patient in for examination in the curable stage.

For that reason most physicians welcome the aid in this work of education offered by the Women's Field Army Against Cancer.

Every effort has been made by this organization of women to keep its educational matter and its methods under qualified medical direction. Physicians serve on its executive committee and as speakers, advisors and aids.

Competent women head the Minnesota organization, women who have the entrée to all major women's organizations and movements, and who have given satisfactory evidence, over several years of campaigning in Minnesota, of their genuine wish to work closely with physicians and to disseminate only authoritative information under ethical auspices.

That the majority of the members of the Minnesota State Medical Association are wholeheartedly in accord with the work of the organization is amply evident in the results of a questionnaire sent to all members with the last NEWS LETTER from the state office. More than 95 per cent of the approximately 300 replies already received from all parts of the state approve the Field Army and its objective. Many greet it with enthusiasm. Others regret that the effects of its work have not yet reached out to a large number of rural districts of the state. They approve the principle, however, and declare their belief in public education as a powerful weapon in the fight against cancer.

The handful who disagree, object to any campaign of cancer education on the ground that it is likely to create cancer phobia and that this danger outweighs the good that may be done.

In view of the testimony of the overwhelming majority, however, it may be taken for granted that Minnesota physicians in general are heart and soul behind this effort of the women to bridge by education the gap between the early symptoms and their discovery and treatment. The Council has repeatedly endorsed the work of the Field Army and it should be a part of the professional duty of every member to cooperate in this work.

B. S. ADAMS, M.D., President,
Minnesota State Medical Association.

EDITORIAL

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BUSINESS MANAGER

J. R. BRUCE

Volume 23 JULY, 1940 Number 7

THE 1940 A. M. A. SESSION

THE meeting of the American Medical Association in New York City last month was a success from every angle. It was the largest in history, 12,864 physicians having registered. Those who attended were impressed by the quality and number of the scientific exhibits which have come to rank with graduate training.

The House of Delegates with its representatives from state associations, army and navy, the public health service, outlying possessions and scientific sections, is the governing body of one of the few democratic organizations left in the world. That the importance of being a delegate is realized is attested by 171 of the 175 membership having attended.

The keynote of the meeting of the House of Delegates was the importance of preparedness of the medical profession in case of war. Its action in appointing a committee of ten of its members and five association officials to take steps to canvass state and county organizations to obtain the names of those willing to serve, is characteristic of American physicians in placing national issues first.

The Delegates chose Dr. Chevalier Jackson of Philadelphia the recipient of the annual distinguished service award. Of interest to Minnesota physicians was the high tribute paid the late Dr. Charles B. Wright of Minneapolis by the chairman of the Board of Trustees. Also of special interest was the election of Dr. William Braasch of Rochester as a member of the Board of Trustees to take Dr. Wright's place.

The question again arose as to the best way for the profession to take care of its needy members and it was the general sentiment that each state should care for its own needy members.

The rather fantastic resolution that the entire population be submitted to blood typing and Wassermann testing was voted down. The bill reported to have been introduced in the United States Senate to have a National Doctors' Day was not endorsed. Really, has the senate nothing more important to do?

Medical economics came in for its share of discussion. It was recommended to leave the question of fees to local county societies; that group hospitalization plans be kept separate from medical pre-payment plans; also that any of the latter plans be submitted to the American Medical Association Bureau of Medical Economics for approval.

Anesthesia has come into its own. This struggling specialty was dignified by the Delegates by the creation of a scientific section of its own.

As the officers of the American Medical Association serve from annual meeting to annual meeting, Dr. Rock Sleyster retires. Dr. Nathan B. Van Etten became president and Dr. Frank

H. Lahey is the president-elect. Next year the convention will be held in Cleveland; in 1942 in Atlantic City; and in 1943 in San Francisco.

MEDICAL PREPAREDNESS

THE inaction following the destruction of Poland made it appear that World War II was resolving into an economic struggle. The fast and furious events of the recent two months, however, have made the world realize that a megalomaniac dictator has obtained domination over Europe, aided and abetted by an equally unprincipled dictator who has brought upon himself contempt of the world.

Of a sudden we Americans have come to realize that we are not sufficiently armed to maintain the Monroe Doctrine, and perhaps not even to defend our own shores—without the help of the English navy.

This sudden realization of our unpreparedness has swept like a wave over the country. Preparedness for modern warfare is more involved than it used to be and requires more time not only for the training of personnel, but in the production of machine equipment.

In case of war there will be the same need for the services of the medical profession. That the profession does not propose to be caught napping is evidenced by the steps taken last month at the American Medical Association meeting in New York City. A resolution was submitted to the House of Delegates by the Board of Trustees through its chairman for the establishment of a Committee on Medical Preparedness to carry out certain preliminary steps in the naming and classification of physicians available for military duties, and to cooperate with the War Department. Such a committee, consisting of ten members of the House of Delegates and five officers of the American Medical Association has already been appointed by the Speaker of the House and will work through state and county medical organization. A section in the *Journal of the American Medical Association* has already been established for publicizing the activities of the committee.

In case of war civilian population as well as the army will need medical services and the designation as to where a physician will be most useful can be better made with deliberate plan-

ning than in a hurry following the declaration of war.

In our last war the services of some 60,000 physicians were made available for military and related activities. Many entered the service who should have stayed at home, and vice versa. Such mistakes can be prevented by preliminary planning. That there will be fully as great a patriotic response in case of need in the near future as there was twenty-three years ago goes without saying. Patriotism can, however, be displayed by cooperation in this preparedness campaign as well as in actual war.

A DIABETIC MANUAL

IN SPITE of advances in our knowledge of the dietary treatment of diabetes and in spite of the discovery of insulin the incidence and mortality of the disease have been on the increase the past two decades. On the other hand properly treated diabetics live much longer than they used to. The conclusion seems deductible that diabetics are not receiving proper care. This may be the fault of the diabetic patients themselves, the medical profession, or both.

Constant dieting is a chore and it is not surprising perhaps that many diabetic patients weary of dieting and reporting regularly to their physicians.

The profession, too, is doubtless to blame to some extent in not having impressed on his diabetic patients the importance of control of symptoms. Dietary instructions have been at times so complicated that patients have thrown up their hands in disgust. Or diets have been so far removed from normal in carbohydrate and fat content that they have proven disagreeable to the patient.

Further, there is no disease the treatment of which has undergone more changes during the past two decades than has that of diabetes. This has made it difficult for the internist to say nothing of the general practitioner to keep abreast of developments without special effort.

Realizing the growing importance of diabetes as a cause of morbidity and mortality a Committee on Diabetes of the Minnesota State Medical Association was appointed several years ago. To help the physician take better care of his diabetic patients this Committee has issued

(Continued on Page 494)

In Memoriam

Arthur West Allen

Dr. Arthur W. Allen, Austin, Minnesota, died on May 6, 1940.

Dr. Allen was born in Austin in August, 1862, the son of Dr. Orlenger Allen, who was the first doctor in Austin, having located there in 1856.

Dr. Allen obtained his medical degree from Rush Medical College in 1885 and returned to Austin to practice. On September 14, 1905, he was married to Miss Nellie Sutherland of Austin, who survives him.

Although Dr. Allen never sought nor held political office, he was always interested in civic enterprises and was active in politics in former years as a Republican. Before the Panama Canal was built he accompanied a congressional committee on a visit there as a guest.

Dr. Allen was a member of the Mower County Medical Society, the Minnesota State and American Medical Associations and for years a surgeon for the Chicago, Milwaukee and Saint Paul Railway. He was a member of the American Railway Surgeons, a Mason and an Elk. In fact he was one of the few surviving charter members of the Austin Lodge of Elks. For a number of years he was a surgeon in the National Guard.

Olav Nelson Birkland

Dr. Olav Nelson Birkland was born in Bergen, Norway, August 17, 1887. As a boy he continued his education in Edinburgh, Scotland, and afterward came to America. He attended the Red Wing Seminary. After attending the Universities of Minnesota and Wisconsin he obtained his Bachelor of Arts degree May 29, 1913. He graduated from the Medical School of Northwestern University in June, 1917, and spent one year studying at the Chicago Lying-in Hospital in Chicago.

Dr. Birkland was a member of the Phi Beta Pi fraternity, the St. Louis County Medical Society, and was a member of the Rood Hospital staff of Hibbing, Minnesota for twenty-one years. He died on February 2, 1940, of coronary disease.

Arthur Stephen Hamilton

Dr. Arthur Stephen Hamilton was born on November 28, 1872, in Wyoming, Iowa, and died on June 2, 1940, at his home in Minneapolis. On January 13, 1935, he was stricken with a cerebral hemorrhage and was confined to his home up to the time of death.

He obtained his B.S. degree from the University of Iowa in 1893, and his M.D. degree from the University of Pennsylvania in 1897. He interned at the Post-Graduate Hospital in Philadelphia and then became Assistant Physician at the Independence State Hospital, Independence, Iowa, which position he held until 1904 when he came to Minneapolis.

He founded the Department of Neuropathology at the University of Minnesota, and subsequently was made Professor of Nervous and Mental Diseases and Chief of the Division, at the Medical School, and served in that capacity until the onset of his illness in 1935.

Dr. Hamilton was one of the founders of the Minnesota Society of Neurology and Psychiatry; a member and past president of the Minnesota Academy of Medicine; a member of the Minnesota State Medical Association; and a member and past president of the Hennepin County Medical Society.

He was a member of the American Medical Association and an ex-chairman of the Section of Nervous and Mental Diseases. He was one of the founders and a past president of the Central Neuropsychiatric Association. He held membership in the American Neurological Society, the American Psychiatric Association, and the Chicago Neurological Society.

During the World War Dr. Hamilton was a major in the medical corps from May of 1918 until August of 1919. He was a member of Phi Delta Theta academic fraternity and of Nu Sigma Nu medical fraternity.

Dr. Hamilton was an outstanding leader and teacher in the field of nervous and mental diseases and was widely known by the profession because of his activities in this field. He was a man with a very affable disposition, and always showed a tenderness in his heart toward everyone. He exhibited an untiring patience in everything that he attempted. At the time he was stricken, he was working very diligently, preparing a History of Medicine in Susanna P.

Dr. Hamilton is survived by his wife, Susanna P. Hamilton, and one son, David A. Hamilton.

John Snell Holbrook

John Snell Holbrook has gone to his final reward. He leaves a memory of honesty, dignity, faithfulness, in their truest meaning—as a man, physician, and friend—to all who knew him.

Born at Arkansaw, Wisconsin, December 17, 1873, he learned in childhood to watch his father, who was a lumberman, at work—and later that became his hobby. He would try out methods of bone union at his lathe, when he wasn't shaping toys and tables and "what-nots" for his children and friends.

Dr. Holbrook attended high school in Northfield, Minnesota, and studied at Carleton College. At Northfield he also met and married his wife, Mary Amaline Whiting, beginning the family life, to which he constantly devoted himself with loving, tender sacrifice. Graduating from the University of Minnesota Medical School in 1896, he served his internship at St. Mary's Hospital in Minneapolis. In 1897 he be-

IN MEMORIAM

came associated for several years with Dr. J. W. Andrews, at Mankato, and practiced in Mankato until his death on June 8, 1940.

He was married in 1900. His widow and two of their three daughters survive him. Mrs. Charles Rickert, who was Louise Holbrook, died a few years ago. Surviving are Mrs. Loren Hurd of Philadelphia (Eleanor) and Mrs. Reid Mohn of Red Wing (Mary), and several grandchildren.

Dr. Holbrook was justly proud of the records made in the regular U. S. Army by two of his brothers. One, Major General Willard A. Holbrook, was Chief of Staff of Cavalry, U. S. A. Major General LeRoy Holbrook is now retired, resident in Idaho. Another brother, B. F. Holbrook, lives in Minneapolis. The First Baptist Church of Mankato claimed Dr. Holbrook's loyal membership for many years. He was also a Kiwanian and a York Rite Mason and Knight Templar.

In January, 1916, he, with Dr. A. E. Sohmer and Dr. Lida Osborn, formed the first Clinic in Mankato, which is now in its twenty-fifth year. He dearly loved the work of the Clinic, because of the opportunities that it offered for mutual consultations and discussions with his colleagues, and for the friendships of a real medical family.

A student in his profession, he kept in contact with other Clinics and attended medical meetings faithfully. In the past twenty-five years his work was limited to surgery, and especially, orthopedics. He became a Fellow of the American College of Surgeons, and was a former president of the Southern Minnesota Medical Association. In organized medicine he began as a member of The Blue Earth County Society, of which was a president, and then held Minnesota State Medical Society and A. M. A. membership. He finally became a Councillor of the Fourth District for several terms, fulfilling this exacting task with full application to the interests of his fellow doctors in medicine. At home, besides his work at the Clinic, he was surgeon on the staffs of St. Joseph's and Immanuel Hospitals, and surgeon to Omaha, Northwestern, and Great Western Railway Companies. At one time he was a member of the Mankato School Board. At the present time he was on the City Park Planning Board; a respected and useful citizen of his home community.

A full and useful life ended suddenly on June 8, 1940, at the age of 66 years; a life just short enough of perfection to make him human.

As a family man, church member, civic organizer, fellow practitioner, and friend, he will be missed, though his memory will remain as a challenge to us who remain; an example of a good man, a good doctor, and a good friend. His work was well done—it will linger on—it is a blessing to us to have known and worked with him.

The deep sympathy of his medical colleagues throughout the State, with the grateful memory that his sojourn in this life has made the world a better place because of his presence in it, is tendered herewith to his family and friends.

Clarence Prentice Rice

Dr. Clarence P. Rice of Breckenridge, Minnesota, died at Saint Francis Hospital, April 12, 1940, after having been in poor health for some time.

Dr. Rice was born in Armada, Michigan, in 1875. During his childhood his parents moved to Toledo, Western New York, Northern Illinois and to the vicinity of May City, Michigan. At the age of fourteen he came to Minnesota and made his home with an uncle on a farm in Big Stone county. He attended school at Ortonville and graduated from high school in 1895. He began his academic course at the University of Minnesota. At the outbreak of the Spanish-American war in 1898 he joined Company "E" of the 13th Minnesota. At the taking of Manila he was wounded and spent some time in the hospital. In January 1899, he was honorably discharged from service.

After teaching school in Big Stone county, Dr. Rice returned to the University of Minnesota in 1901 to study medicine. In June, 1903 he went to Mexico where he practiced his profession and acted as paymaster on a sugar plantation near Vera Cruz for a year. He then returned to the University and received his medical degree in 1906. The next two years he spent in hospital and general practice in Minneapolis, and in August 1908 opened an office in Breckenridge. After practicing many years in Breckenridge he moved his office to Wahpeton, North Dakota. He was a member of the North Dakota Medical Association.

Dr. Rice married on August 9, 1910, Agnes Hughes, who with a daughter, Margaret, of Warren, Minnesota survive. A son, Prentice Hugh Rice, died in 1936 at the age of twenty-five.

Kee Wakefield

Dr. Kee Wakefield, who until a month before his death lived with his son, Harry, in Minneapolis, died at Ellendale, North Dakota, May 8, 1940.

Dr. Wakefield was born in Green township, Trumbull County, Ohio, December 28, 1842. At the age of fourteen he came with his parents to a farm near Excelsior, Minnesota. In August, 1862, he enlisted with Company B, Ninth Minnesota Volunteer Infantry and served three years in the Civil War.

After the war he studied six months under Dr. A. E. Ames in Minneapolis and in 1867 went to Ashtabula, Ohio, where he studied in what is now the medical department of Western Reserve University. Here he received his M.D. degree in 1869.

Returning to Minnesota, Dr. Wakefield took up his profession in Hutchinson where he practiced for forty-five years.

Dr. Wakefield was married March 7, 1871, to Lucy Day at Excelsior. His wife died in 1899. One daughter, Amy, died in 1919. A son, Harry, of Ellendale, North Dakota, survives.

Dr. Wakefield and his brother, Thomas, a Hutchinson resident, were the only two remaining members of the G.A.R. in McLeod county. Dr. Wakefield practiced in Hutchinson from 1870 until his retirement in 1915. He took an active part in community affairs.

MEDICAL ECONOMICS

Edited by the Committee on Medical Economics
of the

Minnesota State Medical Association

W. F. Braasch, M.D., Chairman

PHYSICIANS AND NATIONAL DEFENSE

Two months ago it might have been predicted with certainty that the House of Delegates of the American Medical Association in session in New York would concern itself principally with new government health programs and the protection of the essentially American form of medical practice.

But two months ago Germany had not begun its victorious march in Europe and few people in America had awakened to the great issue of our own national defense.

It was typical that the fight to preserve their professional freedom—so precious to physicians—should take second place in the attention of the delegates and that the part the medical profession will play in national defense should come first.

Dr. Nathan B. Van Etten, taking office as president of the American Medical Association, warned that "the United States has arrived at a time when it must fight for the sanctity of its national life" and offered all of the resources of the organization of American physicians to the government for national defense.

Army Plan

Action on the matter was immediate. Lieutenant-Colonel G. C. Dunham of the Army Medical Corps presented the Army's plan for securing professional personnel.

This plan called for the American Medical Association, through its state and county societies:—

1. To make a complete canvass of the profession and list every doctor who is willing and qualified for military service:—
2. To keep a roster of these men according to locality and qualifications:—
3. To provide the Army Medical Department

and the War Department with names from this list as they may be required.

"This plan," Col. Dunham declared, "would distribute the professional load and, if properly administered should prevent the stripping of rural and isolated communities of their necessary medical personnel."

"Punch-Card Basis"

Dr. Morris Fishbein of the American Medical Association pointed out in press quotations that the plan would put United States physicians on a punch-card basis and that no direct enlistment of physicians on their own would be required.

A resolution was passed by the delegates calling for appointment of a medical defense committee which should work with the government to put the plan into immediate action.

The resolution granted freely that military need called for relinquishment of individual freedom in the interest of national unity but declared also that freedom must be returned after the national emergency has passed.

Committee Appointed

The committee asked for by the delegates was immediately appointed with Dr. Irvin Abel of Louisville, Kentucky, former president of the association, as chairman. Other members were Dr. Stanley H. Osborn of Hartford, Conn.; Walter G. Phippen, Boston; Harvey B. Stone, Baltimore; James E. Paulin, Atlanta; Fred W. Ranken, Lexington, Ky.; Roy W. Fouts, Omaha; Sam E. Thompson, Kerrville, Texas; Charles A. Dukes, Oakland, California, and John H. O'Shea, Seattle. Ex-officio members are Dr. Van Etten; Dr. Olin West, secretary; Dr. Arthur W. Booth, Elmira, N. Y., chairman of the Board of Trustees; Dr. Austin A. Hayden, Chicago, secretary of the trustees, and Dr. Fishbein of the American Medical Association.

Indications are that the committee, which met before the delegates adjourned, would set plan for preparedness among physicians in immediate motion.

Permanent Step Ahead

Threats of government interference in civilian practice abounded in the first Wagner Health Bill and they are not absent from the hospital bill which has already passed the Senate. They were also discussed by the delegates and vigorously opposed. Such domestic issues, important as they are to physicians and to the ultimate welfare of America, were only temporarily subordinated to the overwhelming issue of national defense.

It is interesting to note that President Van Etten seized the occasion to point out again the advantage to the national defense of a national health department headed by secretary of health in the president's cabinet which should coordinate all government health activities.

Such a move would be logical and desirable from every standpoint in the present altered state affairs. It would also mean a permanent step ahead in the government health service to the American people.

For Coördination of Insurance Plans

The problems already encountered in many quarters where medically sponsored experiments in sickness insurance are underway likewise came in for discussion by the delegates. One of the chief of these lies in the great variations between different locally sponsored plans. The variations lie in the services covered, in the premiums paid and in methods of collection and administration. Similar variations appear between hospital insurance plans in different states. A resolution calling for coördination of all these plans passed the house together with recommendations for similar coördination of hospital insurance plans. It was the opinion of the delegates, however, that medical and hospital service plans should be kept separate in every case.

Heroin Resolution Rejected

That other interests of the physicians were not entirely submerged in talk of national defense was shown in the resoluteness with which the delegates rejected a plea to endorse the repeal

of restrictions placed by the narcotics law on heroin. Louisiana delegates declared that heroin was needed for medical purposes and that the ban against its importation should be lifted but the resolution embodying the Louisiana delegates' declaration was voted down. The American Medical Association has long held that heroin is not indispensable as a medicine.

It was pointed out in this connection by Dr. Fishbein, that enough narcotics are now on hand in the United States to meet medical needs for three years.

HOSPITAL UNITS REVIVED

Plans are already going forward for reorganizations of the base hospital units which served in the last war. "Base Hospital 26" of the University of Minnesota, is being reorganized by Dean Harold S. Diehl but it will be known as "United States General Hospital 26" this time.

It is understood that there is no lack of volunteers for this service.

In New York, in fact, three times as many physicians were said to have volunteered for duty in Army hospitals as there are commissions to be filled. A call for thirty-two medical officers in a New York hospital unit was promptly answered by one hundred volunteers.

The complete hospital plan covering hospitals of the entire nation is said to provide for thirteen surgical hospitals and seventeen evacuation hospitals and thirty-two general hospitals.

FORD ENLISTS

It has been generally agreed that the initial success of Michigan Medical Service—sickness insurance plan set in motion by the Michigan State Medical Society—would depend upon response of Michigan's big industries.

Announcement at the New York meeting of the American Medical Association that the Henry Ford factories had accepted the service for its employees is important, therefore, and promises well for the financial success of the experiment.

A complete outline of the plan is now on file at the State Office. Copies can undoubtedly be secured from the Michigan State Medical Society of which L. Fernald Foster, 311 Center Avenue, Bay City, Michigan, is executive secretary.

"SURGICAL COMPLICATIONS"

(Monthly Editorial Prepared by the Medical
Advisory Committee)

The complications of medical practice in this day and age are so varied that one cannot be blamed if at times he finds himself perplexed. By the very nature of the human mind, it is impossible for him to know all and at all times foresee all complications which may arise following heroic treatment in his endeavor to save a life.

But one can by tact and courtesy forestall many serious misunderstandings with patients which lead to a court procedure.

Heavy doses of deep x-ray and radium have their effect on the human economy but are justified in the treatment of malignant disease. Patients should be told of complications which may result.

That there are complications which follow radical mastoidectomies—nerve injury for instance—is well known and not an unforeseeable catastrophe. The patient can be told in advance of the possibility.

That spurs do form on amputated long bones after surgery is not unusual. The surgeon does not always know why but at least he can provide against legal complications by word of mouth.

Keloid formation in scars is not unusual in certain types of individuals though unsightly many times; but the surgeon who opened the abdomen or sutured the accident wound cannot be blamed for the idiosyncracies of nature in the individual so disfigured.

The lack of callus formation in fractures and delayed union is not unusual. Surgical procedures used in the reduction of the fracture cannot be blamed for nature's lack of endeavor and the patient should be armed against adverse advice by giving him a full understanding of the problem at hand.

Your Medical Advisory Committee believes that when complications do arise, insistence on consultation and a full and frank discussion of these complications and their treatment will be evidence of a conscientious endeavor to meet the emergency and an honesty of purpose for which no one can be censured.

—B. J. B.

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

J. F. Dubois, M.D., Secretary

Saint Paul Woman Sentenced to 8-year Term For Criminal Abortion

Re: State of Minnesota vs. Della Mostert.

On May 23, 1940, Mrs. Della Mostert, sixty years of age, was sentenced by the Honorable Kenneth G. Brill, Judge of the District Court, to a term of 2 to 8 years at hard labor in the Women's Reformatory at Shakopee, Minnesota, following her plea of guilty to an information charging her with the crime of abortion. The statutory penalty for criminal abortion is not to exceed 4 years, but the sentence in Mrs. Mostert's case was doubled because of a previous conviction, in 1936, for a similar offense.

In the present case Mrs. Mostert, who resided at 1785 E. Maryland St., Saint Paul, was arrested on May 14, 1940, by the St. Paul Police following the admission of a 14 year old Negro girl to Ancker Hospital suffering from the after effects of a criminal abortion. The investigation disclosed that Mrs. Mostert performed this abortion at the girl's home on May 8, 1940, for which Mrs. Mostert admitted she received \$20.00. Mrs. Mostert had used a catheter in performing this abortion. A complaint was filed against Mrs. Mostert on May 16, 1940, and she was arraigned in the Municipal Court of Saint Paul on May 17, 1940, at which time she waived a preliminary hearing and was held to the District Court. On being arraigned in the District Court on May 20, 1940, the defendant entered a plea of not guilty and her case was set for trial on May 23rd. However, on that date, Mrs. Mostert withdrew her plea of not guilty and entered a plea of guilty.

Mrs. Mostert's previous conviction was in the District Court of Ramsey County on January 7, 1936, at which time she was sentenced to a term of not to exceed 4 years at the Women's Reformatory at Shakopee, following her plea of guilty to an indictment charging her with the crime of abortion. Mrs. Mostert was released from that institution on June 9, 1938, at which time she was placed on parole. Her parole expired in December, 1939. Mrs. Mostert has no license to practice any form of healing in the State of Minnesota. She also admitted that, with the exception of some work as a practical nurse, she has never received any medical education or training as a nurse.

Saint Paul Osteopath Receives Double Sentence In Abortion Case

Re: State of Minnesota vs. Samuel M. Stern.

On June 3, 1940, Samuel M. Stern, a licensed osteopath, was sentenced in the District Court of Ramsey County, to a term of not less than two and not more than eight years at hard labor in the State Prison at Stillwater. Stern was sentenced by Judge Kenneth G. Brill, who, on May 13, 1940, had previously sentenced Stern to a term of not to exceed 4 years at hard labor in the State Prison following Stern's entering a plea of guilty to an information charging him with the crime of abortion.

Stern's sentence was doubled when the Court's attention was called to the fact that on January 3, 1922, Stern was convicted by a jury in Orange County, California, of the crime of embezzlement. He was received at the San Quentin, California prison on January 21, 1922, and served until January 27, 1923, at which time he was released on parole. The facts in that case indi-

cate that Stern and his brother, J. H. Stern, were convicted of converting to their own use a Premier automobile of the value of \$5,000.00, the car being in their possession as bailees. When Stern was arraigned before Judge Brill by virtue of his previous conviction, he stated to the Court that he had received a pardon from former Governor Merriam of California, the pardon being issued in September, 1938. It was contended by the defendant that this nullified his previous conviction, but Judge Brill ruled otherwise. The defendant indicated that he intends to appeal to the Supreme Court of Minnesota from the doubling of his sentence. In the meantime he will be confined in the State Prison on the original sentence imposed by Judge Brill.

Benton County Quack Jailed
Re: State of Minnesota vs. John Taylor,
alias Hobo Jack, the Unlicensed Specialist



On June 12, 1940, John Taylor, fifty-four years of age, entered a plea of guilty in the District Court of Benton County, to an information charging him with practicing healing without a basic science certificate. Taylor was sentenced by the Honorable J. B. Himsl of the

District Court, to pay a fine of \$100.00 plus Court costs of \$23.15, or to serve 90 days in the County Jail of Stearns County, Benton County having no County Jail. Taylor was unable to pay the fine and the Court remanded him to the custody of the Sheriff to serve his sentence.

Taylor was arrested June 7, 1940, in Mayhew Lake Township by Sheriff Jos. A. Winkelman and Deputy Sheriff Earl Inman of Benton County, following a joint investigation made by the Minnesota State Board of Medical Examiners and Benton County authorities. A complaint was filed against Taylor by Mr. Brist on behalf of the Minnesota State Board of Medical Examiners, and Taylor was immediately arraigned before Otto C. H. Heinzel, Justice of the Peace, at Sauk Rapids. Taylor waived a preliminary hearing and was held to the September term of the Benton County District Court under \$500.00 bond, which was not furnished, Taylor being held in the Stearns County Jail. Taylor, who has no license to practice any form of healing in the State of Minnesota, or elsewhere, arrived in Benton County about May 15, 1940. Although Taylor claims to be a steel worker by trade, he was soon engaged in diagnosing the ailments of farm people and prescribing various medicines for which he would charge as high as \$20.00 for a 16 ounce bottle of medicine, and for which he always obtained the cash in advance. Taylor represented himself as Hobo Jack, the unlicensed specialist, and claimed to be able to cure arthritis, prostate trouble, hemorrhoids, stomach ulcers and many other ailments. He would purchase such items as fluff tannic acid, spirits of niter, powdered nutgalls and verocolate tablets at drug stores in Foley, Sauk Rapids and St. Cloud. By buying medicinal preparations that cost him not to exceed \$1.00, he would then manufacture a concoction that would be sold for approximately \$20.00 per bottle. Naturally it was just a question of time when such an imposition upon the public would be reported to the authorities. In Taylor's case it was immediately reported with his arrest following the investigation.

Taylor was closely questioned by Judge Himsl at

the time sentence was pronounced and Taylor, who claims to have been born at Carrollton, Missouri, admitted to the Court that he was neither licensed to practice any form of healing anywhere in the United States, nor had he ever studied medicine in any schools. He stated to the Court that he had practiced medicine unlawfully in California, Oregon and Washington, but claimed that he had never been arrested previously. The present case is the first prosecution in Benton County under the Basic Science Law, which was passed in 1927. This county has been free of quacks until the arrival of Taylor. The Minnesota State Board of Medical Examiners wishes to express its appreciation for the very fine co-operation given by Mr. J. Arthur Bensen, County Attorney of Benton County, Sheriff Winkelman and Deputy Sheriff Inman.

Physicians Licensed May 10, 1940

April Examination

Bailey, Robert Burr—U. of Minn., M.B. 1940, Fairmont.

Baldigo, Edward Michael—U. of Minn., M.B., 1939, Saint Paul.

Beard, Crowell—U. of Cal., M.D. 1939, Rochester.

Benson, Raymond Emanuel—U. of Ill., M.D. 1939, Rochester.

Christensen, Burt H.—Johns Hopkins, M.D. 1938, Rochester.

Currens, James Hawley—Duke U., M.D. 1938, Rochester.

Dippel, Adelbert Louis—U. of Texas, M.D. 1928, Minneapolis.

Downing, Arthur Herrmann—U. of Chicago, M.D. 1939, Saint Paul.

Emmens, Thomas Holmes—U. of Ore., M.D. 1939, Saint Paul.

Ersfeld, Murray Peter—U. of Minn., M.B. 1939, M.D. 1940, Eloise, Mich.

Frane, Donald Bernard—U. of Minn., M.B. 1937, M.D. 1938, Manhattan, Kans.

French, Lyle Albert—U. of Minn., M.B. 1939, Minneapolis.

Grove, Raymond Fisk—Northwestern, M.B. 1938, M.D. 1939, Saint Paul.

Haigler, Samuel Hartley—Tulane U., M.D. 1937, Rochester.

Klinkenberg, Royle B.—U. of Kansas, M.D. 1938, Rochester.

Krueger, Victor Robert—U. of Wis., M.D. 1939, Duluth.

Kuris, David B.—U. of Minn., M.B. 1939, Duluth.

Lake, Clifford Franklin—Northwestern, M.B. 1938, M.D. 1939, Rochester.

Loucks, Joseph Anthony—U. of Minn., M.B. 1939, Saint Paul.

Low, John Edward—U. of Minn., M.B. 1939, Saint Paul.

Lueck, Arthur George—Northwestern, M.B. 1937, M.D. 1938, Rochester.

McFarland, Corley B.—Northwestern, M.B. 1939, Saint Paul.

Mead, Franklin Braidwood—Northwestern, M.B. 1937, M.D. 1938, Rochester.

Miller, Joseph Matthew—Columbia U., M.D. 1935, Rochester.

Minckler, John Everett—U. of Minn., M.B. 1939, Saint Paul.

Minge, Raymond Kenneth—U. of Minn., M.B. 1938, M.D. 1939, Minneapolis.

Mitchell, Harriet Jean—Johns Hopkins, M.D. 1938, Minneapolis.

Murlin, William Raymond—U. of Rochester, M.D. 1938, Minneapolis.

Nelson, Lawrence Meier—U. of Neb., M.D. 1937, Minneapolis.

Nielsen, Alvin Martin—U. of Minn., M.B. 1939, Saint Paul.

Nietfeld, Aloys Bernard—U. of Minn., M.B. 1939, Minneapolis.

Palmerton, Ernest Sterling—U. of Minn., M.B. 1938, M.D. 1939, Kansas City, Mo.

Peterson, Donald Herbert—U. of Minn., M.B. 1939, Saint Paul.

Polmeteer, Frank Edward—U. of Iowa, M.D. 1936, Rochester.

Root, Grosvenor Thomas—U. of Mich., M.D. 1937, Rochester.

Shima, George Joseph—Creighton, M.D. 1939, Saint Paul.

Smiley, John Thomas—Northwestern, M.B. 1939, Saint Paul.

Standard, William Perry—Northwestern, M.B. 1937, M.D. 1938, Rochester.

Stover, Lee—Rush Med. Col., M.D. 1938, Rochester.

Thompson, Carl Oliver—U. of Minn., M.B. 1938, M.D. 1939, Minneapolis.

Tostenson, Norman E.—U. of Minn., M.B. 1940, Minneapolis.

Warne, Merna Mary—U. of Wis., M.D. 1938, Minneapolis.

Wilson, James Webster—McGill U., M.D. 1937, Rochester.

Wyrens, Rollin Gerald—Northwestern, M.B. 1937, M.D. 1938, Rochester.

By Reciprocity

Dricken, Hilbert Nickolas—Marquette, M.D. 1935, Milwaukee, Wis.

Goldner, Meyer Zachary—U. of Neb., M.D. 1935, Minneapolis.

Milhaupt, Emmett Norbert—U. of Wis., M.D. 1935, Minneapolis.

Stevenson, Walter Davis, Jr.—Wash. U., M.D. 1937, Rochester.

National Board Credentials

Booth, Marguerite—Yale U., M.D. 1935, Minneapolis.

Gray, Robert F.—Northwestern, M.B. 1938, M.D. 1939, Marshall.

Minty, Earl Walter—Northwestern, M.B. 1932, M.D. 1933, Faribault.

Rogers, Arthur Merriam—Cornell U., M.D. 1937, Rochester.

EARLY DIAGNOSIS CAMPAIGN

(Continued from Page 478)

comes, the contacts of the positive reacting child and of the known case will all be examined. Then perhaps everybody, including the doctors themselves, will have a complete physical examination on every birthday

References

- American Medical Association: A follow-up on the survey of 1933-1935 by the Council on Medical Education and Hospitals of the American Medical Association. Jour. A.M.A., 114: No. 9, 765-804, (March 2) 1940.
- Asfora, J. and Livramento, F.: A Vacina B.C.G. em Recife. O Hospital Rio de Janeiro, 14:1167-1171, (November) 1938.
- Chadwick, Henry D. and Evarts, Helen W.: Treatment of pulmonary tuberculosis in adolescence. Am. Rev. Tuberc., 41:307, (March) 1940.
- Kayne, G. Gregory: B.C.G. vaccination in western Europe. Am. Rev. Tuberc., 34:1; 10-42, (July) 1936.
- Nicholson, Edna E.: Study of tuberculosis mortality among young women. Nat'l. Tuberc. Assn. Social Research Series No. 4, p. 7. (The figures for 1935 have been added by the author—E. MARIETTE.)

From the point of view of the clinical management of the individual case of tuberculosis and from the broader aspect of public health control of the disease, no one test occupies a position of greater importance and significance than that of the sputum examination. The persistence of a positive sputum is regarded as clear evidence that pathological activity of the disease has continued. An improved technic of sputum examination for acid-fast bacilli using tergitol has been reported. The use of this is said to approximate the results obtained by the use of guinea-pig inoculation, which is impractical except in selected cases because of cost.—S. A. PETROFF and P. SCHAIN, Quar. Bull. of Sea View Hosp., (Jan.) 1940.

A DIABETIC MANUAL

(Continued from Page 487)

a booklet, a revised edition* of which has just appeared. This booklet is written for the diabetic patient and is for the use of the physician. It makes easy the selection of the best diet for the individual case and bridges over the difficulty of instructing the patient regarding his diet.

When one considers the many diabetic manuals which have been published for the use of these patients, most of them entirely too complete and of the typewritten diet lists given patients on leaving hospitals, one can feel sure that this booklet will fill a widespread want. It is a gem.

*This booklet entitled "Diabetes—How to Make It Harmless" can be purchased for ten cents a single copy, \$1.00 a dozen from State Association office, 493 Lowry Medical Arts Building, St. Paul.

◆ OF GENERAL INTEREST ◆

A new building which will house his offices is being constructed in Ruthton by Dr. A. F. Sether.

* * *

Dr. Charles E. Rea has opened offices at 917 Lowry Medical Arts Building, Saint Paul, for the practice of surgery.

* * *

Dr. J. J. Ederer of Mahnommen has been appointed Soo Line physician and surgeon for the Mahnommen district.

* * *

A total of 344 degrees were granted by the university medical school in June. Earlier in the school year, 181 degrees were granted, making a total of 525.

* * *

Dr. Henry John Kurtin, who has been practicing at Lonsdale for the past two years, is now located in Blooming Prairie where he opened an office in June.

* * *

Dr. F. A. Figi of Rochester was elected secretary-treasurer of the American Association of Oral and Plastic Surgeons at a recent meeting held in Kansas City and St. Louis.

* * *

Dr. C. W. Woodruff and Dr. David T. Schuele of Chatfield will open a hospital there in August. They have purchased a home on a half acre of ground, and are remodeling it.

* * *

Dr. Robert Lyman Nelson of Duluth and Miss Phyllis Shaw were married June 1. The bride is the daughter of Mr. and Mrs. Percival Morse Shaw Jr. of Duluth.

* * *

Dr. Bill Henry Williams, who has been associated with the University of Minnesota Hospitals, left Minneapolis, July 1 to enter practice with Dr. Samuel Grantham of Joplin, Missouri.

* * *

The marriage of Dr. George S. Bergh, instructor in surgery at the university medical school, to Miss Patricia Stephenson (the golf-playing Patty Stephenson) took place in Minneapolis, June 15.

* * *

Dr. Charles Sheard attended the convention of the American Optometric Association in Cincinnati, Ohio, in June, and a meeting of the council on education of the association. He is chairman of the council.

* * *

Dr. C. M. Jackson, who for 27 years has headed the department of anatomy at the University of Minnesota Medical School, has been granted a partial leave of absence next year because of his health. He has held the post of department head since 1913. Dr. E. A. Boyden has been appointed acting head of the department for next year.

Dr. G. Frank Corbett of Minneapolis, who has been clinical professor of surgery at the University of Minnesota Medical School for many years, is retiring from his university duties. He has been made clinical professor emeritus of surgery.

* * *

Dr. Richard Varco and Louise Miller were married June 4 in Pasadena, California. They will make their home in Minneapolis, where Dr. Varco is a research assistant, in surgery at the University of Minnesota Medical School.

* * *

Dr. Henry E. Michelson of Minneapolis has been appointed a member of the American Board of Dermatology and Syphilology, bringing Minnesota's representation on the board to two. Dr. Paul O'Leary of Rochester is also a member.

* * *

Dr. Eugene T. Leddy of Rochester attended the recent meeting of the American Radium society, of which he is an officer, in New York City. While in the East, he also attended the twenty-fifth reunion of his class at Harvard, and the American Medical Association meeting.

* * *

Dr. Joseph D. Selmo of Minneapolis has taken over the medical practice of Dr. Milo H. Larson in Norwood and Cologne. Dr. Larson has returned to Nicollet where he will operate the Nicollet Hospital. Dr. Selmo has been associated with Fairview and St. Joseph hospitals.

* * *

An honorary degree of doctor of science was awarded Dr. Louis Blanchard Wilson of Rochester, director emeritus of the Mayo Foundation, at the 68th annual commencement exercises of the University of Minnesota, June 15. He was one of three alumni to receive honorary degrees of their alma mater.

* * *

A sabbatical furlough for the spring quarter of the 1940-41 school term was granted last month by the university board of regents to Dr. Arthur T. Henrici, professor of bacteriology, who will conduct research in marine bacteriology and be Walker Ames professor at the University of Washington.

* * *

Dr. A. H. Logan of Rochester and his associates were awarded second prize for their exhibit at the American Medical Association meeting in New York City. The award was in a group made on the basis of excellence of presentation of previously known facts.

The five-unit exhibit on the diagnosis and treatment of polyps of the colon and rectum was compiled by Drs. Logan, C. F. Dixon, J. de J. Pemberton, L. A. Buie, P. W. Brown, H. H. Bowing, J. A. Bargen, H. M. Weber, C. W. Mayo and A. H. Bagenstoss.

OF GENERAL INTEREST

Dr. Ralph V. Ellis, associate professor of preventive medicine, at the University of Minnesota Medical School, was in Saskatchewan, Canada, last month to address two divisional meetings of the College of Physicians and Surgeons of Saskatchewan. He spoke at Regina on June 13 and at Saskatoon on June 14.

* * *

Representing the University of Minnesota Medical School at the University of Pennsylvania celebration of its bicentennial anniversary, September 16-20, will be Dr. Owen Harding Wangensteen and Dr. Alfred W. Adson, surgeons. A program in fine arts, humanities, medical sciences, natural sciences, religion and social sciences will be presented.

* * *

From LaFayette College in Easton, Pa., which similarly honored his father several years ago, Dr. P. S. Hench of Rochester received an honorary degree of doctor of science at commencement exercises, June 7.

While in the East, Dr. Hench attended the convention of the American Rheumatism Association, of which he is president.

* * *

A distinguished service award was presented Dr. A. H. Sanford of Rochester by Northwestern university in June. Dr. Sanford, an alumnus of the university, was attending a committee meeting of the United States Public Health Service in Washington, D. C. at the time, and Mrs. Sanford accepted the award for him.

* * *

Dr. Charles F. Stroebel, who has been practicing medicine in Northfield for the past three years, has gone to Rochester to begin a fellowship in the Mayo Foundation. Dr. A. M. Nielsen of Minneapolis has taken over Dr. Stroebel's practice. A graduate of the University of Minnesota Medical School, Dr. Nielsen served his internship at St. Joseph's hospital in St. Paul.

* * *

Dr. W. F. Braasch of Rochester has been named trustee of the American Medical Association to fill the vacancy created by the death of Dr. C. B. Wright of Minneapolis. Dr. Braasch, a former president of the Minnesota State Medical Association, is chairman of the state association committee on medical economics.

* * *

Dr. F. L. Smith of Rochester, colonel in the medical reserve of the United States Army, has returned from third army maneuvers at Fort Benning, Ga. Forty-five thousand men composing the Blue army, mobilized at Fort Benning, opposed the Red Army of approximately 30,000 men, mobilized at Fort Sam Houston in Texas, in the most extensive maneuvers ever participated in by the regular army in peace time, from May 2 to May 29.

Colonel Smith was attached to the 6th medical regiment from Camp Devan, Mass.

* * *

Dr. and Mrs. Harold S. Diehl and children are vacationing in Honolulu. The University of Minnesota

dean of medical sciences and his family left Minneapolis, June 24, driving to the West Coast via Estes Park and the Grand Canyon. They sail from San Francisco July 19 to spend two weeks on the island. Their return to Minneapolis is scheduled for the latter part of August.

* * *

Appointment of Dr. Lester Breslow to the University of Minnesota Health Service staff, effective July 1, is announced. Dr. Breslow has completed his second year internship at the United States Public Health Service Marine Hospital at Stapleton, New York. A graduate of the University of Minnesota (B. A. cum laude, 1935; M. D., 1939), Dr. Breslow will do graduate work in the department of preventive medicine and public health also.

* * *

Dr. E. W. Minty, who for the past seven years has practiced medicine in Rapid City, South Dakota, as an associate surgeon of the Midwest Clinic, has opened a general practice in Faribault, Minnesota. Dr. Minty, was graduated from the Northwestern university school of medicine in Chicago in 1933.

* * *

There are many physicians in the state who, as officers, have given much time to their county medical societies. They are in a large part responsible for the success of their associations.

Oldest of all secretaries of county medical societies in Minnesota, in point of service, is Dr. William F. Wilson of Lake City. With the exception of one year when he was president, Dr. Wilson has been secretary of the Wabasha County Medical Society since 1896.

* * *

Dr. George O. Burr, physiological chemist who has been attached to the department of botany at the University of Minnesota, has been appointed director of the division of physiological chemistry in the Medical School, succeeding Dr. J. F. McClendon who left the university a year ago to accept a research post in Philadelphia. Dr. Burr is widely known for his pioneer work on the fertility vitamin "E" and for his discovery of the indispensability of unsaturated fatty acids in the diet of growing animals.

* * *

Dr. A. J. Herbolsheimer, Minneapolis eye, ear, nose and throat specialist, has accepted an appointment as a medical administrator for the civil aeronautics authority in connection with training of civilian aviators in the national defense program. He has gone to Washington, D. C., to assume his duties.

A World War veteran and a major in the army reserve medical corps, Dr. Herbolsheimer has been a medical examiner for army aviators 15 years. He is a former member of the city welfare board.

* * *

The announcement has been made that on recommendation of the Committee of Revision of the United States Pharmacopeia and with the approval of the Board of Trustees, the enforcement of the standards

MINNESOTA MEDICINE

OF GENERAL INTEREST

for surgical catgut, which were amended in the Second Supplement of the U. S. P. XI, which were to have become effective July 1, 1940, have been postponed to January 1, 1941. This action was taken because certain stock now on hand conforming, except as to labeling, with new requirement would be unsalable and would result in needless financial loss.

* * *

Two Minnesota men were members of the committee which revised the manual for physicians conducting periodic health examinations, recently published by the American Medical Association. They are Dr. G. B. New of Rochester and Dr. William A. O'Brien of Minneapolis.

Acknowledgment is expressed to Dr. Walter C. Alvarez, Rochester, and Dr. Harold S. Diehl, Minneapolis, and others, for their assistance in preparing sections of the manual, entitled, "Periodic Health Examination."

* * *

Dr. Mancel T. Mitchell, former medical fellow in obstetrics and gynecology at the University of Minnesota who went to Eau Claire, Wisconsin, to practice, is now in Salt Lake City, Utah, having accepted an appointment as obstetrics consultant with the Utah State Board of Health in the Division of Maternal and Child Health.

Before leaving for Salt Lake City, Dr. Mitchell and Miss Harriet Waller, a graduate of the Eitel Hospital School of Nursing, were married.

* * *

Dr. Charles F. Code, assistant professor of physiology at the University of Minnesota, is returning to Rochester to take charge of some aspects of physiological research in the Mayo Foundation. Awarded the Theobald Smith award of the American Association for the Advancement of Science in 1938 for his work on the physiology of histamine, Dr. Code has spent the past two years at the university.

Replacing him in the physiology department will be Dr. Stanton Fetcher who will hold the post of instructor. Dr. Fetcher has been an instructor in physiology at the University of Chicago.

* * *

Dr. David G. MacMillan of St. Paul has taken over the medical practice of Dr. J. H. Raymond in Triumph.

Dr. Raymond, who has practiced there for the past five years, has gone to Canby to enter private practice. He recently returned from Chicago where he did post-graduate work in intestinal surgery at the Cook county hospital.

Dr. MacMillan, a graduate of the University of Minnesota Medical School, served his internship in hospitals in St. Paul and Duluth. He practiced in Duluth prior to going to Triumph.

* * *

Honorary degrees of doctor of science were awarded to Dr. Louis Blanchard Wilson of Rochester and

to Dr. Thomas S. Roberts of Minneapolis, at the 68th annual commencement exercises of the University of Minnesota, June 15.

Dr. Wilson is director emeritus of the Mayo Foundation, and Dr. Roberts is director of the university's Museum of Natural History and well-known author of "Birds of Minnesota."

Another honorary degree of doctor of science was awarded Charles Peter Berkey, secretary of the Geological Society of America. Fred B. Snyder, president of the University board of regents, was awarded an honorary doctor of law degree.

* * *

Examinations for Navy Medical Corps

The next examination for physicians desiring to enter the Medical Corps of the U. S. Navy, will be held at various naval hospitals August 19, 1940. Great Lakes Illinois, is the nearest location for Minnesota physicians.

Applicants must be graduates of Class A medical schools, must have had internship in a civilian hospital, must be physically qualified, under thirty-two years of age, citizens of the United States, and must pass professional examinations to be commissioned as Assistant Surgeons. Pay is \$2,699 if without dependents, and \$3,158 with dependents.

Additional information may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. Applications must be completed and received in the Bureau prior to August 1, 1940.

* * *

Advanced Course in Sight Conservation

An advanced course in sight conservation is being offered for the first time by the University of Minnesota at its first summer school session.

Primarily for teachers, the course is being offered through the co-operation of the National Society for the Prevention of Blindness, the Minnesota Society for the Prevention of Blindness, the Minnesota Academy of Ophthalmology, and the Department of Ophthalmology and Otolaryngology and the College of Education of the University of Minnesota.

It is being given under the direction of Dr. Frank E. Burch, head of the department of ophthalmology, and Mrs. Winifred Hathaway, of New York City, associate director of the National Society for the Prevention of Blindness.

Lecturers will include Dr. T. R. Fritsche of New Ulm; Drs. A. G. Athens, A. O. Olson and A. C. Hilding of Duluth; Drs. W. T. Wenner and J. B. Gaida of St. Cloud; Drs. H. P. Wagener, A. de H. Prangen and C. W. Rucker of Rochester.

St. Paul men, who will lecture are: Drs. T. J. Edwards, J. J. Prendergast, C. L. Larsen, R. O. Leavenworth, and E. P. Burch. Minneapolis men are: Drs. M. C. Pfunder, W. E. Camp, J. S. Macnie, E. W. Hansen, C. W. Spratt, C. E. Stanford, W. H. Fink, E. J. Borgerson, and Charles Hymes.

REPORTS and ANNOUNCEMENTS

MEDICAL BROADCAST FOR JULY

The Minnesota State Medical Association Morning Health Service.

The Minnesota State Medical Association broadcasts weekly at 11:00 o'clock every Saturday morning over Station WCCO, Minneapolis, Station WLB, University of Minnesota, and KDAL, Duluth.

Speaker: William A. O'Brien, M.D., Associate Professor of Pathology and Preventive Medicine, Medical School, University of Minnesota. The program for the month will be as follows:

July 6—Summer Skin Problems.

July 13—The Value of a Vacation.

July 20—Gastro-intestinal Diseases in Summer.

July 27—Toothache.

COURSE IN CLINICAL ALLERGY

A course in Clinical Allergy will be given for physicians at the Center for Continuation Study, July 29 to August 3. Dr. Ralph V. Ellis of the University of Minnesota Medical School and his associates will give the entire program. For further information, physicians may write to the Center for Continuation Study, University of Minnesota.

MINNESOTA RADIOLOGICAL SOCIETY

The Minnesota Radiological Society held its twelfth annual meeting in Rochester on April 23, 1940. Doctor Bernard Nichols of Cleveland delivered the Annual Carman Lecture the same day before the Minnesota State Medical Society. The title of the lecture was "Indications for the Use of Excretory Urography In Diagnosis."

At the dinner and business meeting in the evening, Dr. Nichols addressed the society on, "The Future of Radiology." The following officers were elected for the following year: Harry Weber, Rochester, president; G. T. Nordin, Minneapolis, vice president; J. P. Medelman, Saint Paul, secretary-treasurer.

THE CAROTENE AND VITAMIN A CONTENT OF MARKET MILKS

The Council on Foods in formulating policies regarding processed foods has been cognizant of the lack of sufficient data on the vitamin A content of natural foods. Milk and dairy products are known to be important sources of this factor. Data on the carotene and vitamin A content of market milks have been obtained by Professor Peterson and his collaborators at the University of Wisconsin and are made available in a report authorized for publication by the Council on Foods. The following is a summary of the data compiled by Professor Peterson and his collaborators:

The carotene and vitamin A content of milks marketed by eight large distributors in the Madison and Milwaukee areas of Wisconsin have been determined monthly during a period of eighteen months. These milks fall into four groups: (1) market (mainly Hol-

stein), (2) Guernsey, (3) vitamin D (mainly Holstein) and (4) certified. All milks showed marked seasonal changes in both carotene and vitamin A contents. The seasonal changes in carotene were greater than those for vitamin A. The milks were fairly similar in vitamin potency per gram of butter fat. Certified milks were somewhat higher than the other milks during the late winter months. Guernsey milk, because of its higher fat content, had a higher potency on the fluid basis than the others. (J.A.M.A., May 4, 1940, p. 1748.)

WOMEN'S AUXILIARY

Mrs. A. C. BAKER, Fergus Falls, *President*

Mrs. E. V. GOLTZ, 2259 Summit Avenue,
Saint Paul, *Publicity Chairman*

The joint annual dinner meeting of the Rice County Medical Society and the Women's Auxiliary was held at the Carleton Tea Room, Wednesday evening, May 8. Following a brief business meeting of each organization the group adjourned to the new Northfield Community Hospital which was open for their inspection. Professor E. A. Fath of Carleton College showed specimens of color photography for the group.

* * *

Mrs. J. A. Cosgriff of Olivia has been elected as director of the St. Paul Archdiocesan Council of Catholic Women at the recent annual meeting of the council held in the Hotel Radisson, Minneapolis.

* * *

At a recent meeting of the Washington County Medical Auxiliary, Mrs. Olson of Elk River was the guest speaker. The meeting held at the home of Mrs. C. H. Sherman at Bayport was attended by nine members and two visitors. Mrs. Olson's subject was "Control of Cancer."

* * *

Mrs. J. A. Cosgriff, retiring president of the Renville County Medical Auxiliary, presided at the recent meeting held at the school house in Olivia. Reports were given and new officers were elected. Mrs. R. Billings of Franklin was elected president; Mrs. C. Hartmann of Fairfax, president-elect; Mrs. R. Erickson of Hector, vice president; and Mrs. C. H. Mesker of Olivia, secretary-treasurer. Mrs. Cosgriff gave a report of the recent state convention which was held in Rochester. Miss Eleanor Dougherty as guest speaker, spoke on "International Affairs." Other members who attended were Mrs. J. Dordal of Sacred Heart and Mrs. W. J. Bushard of Bird Island.

* * *

At the annual meeting of the Washington County Medical Auxiliary Mrs. F. M. McCarten was elected president for the coming year. The meeting was held at the home of Mrs. Landeen. Mrs. Gertrude Stevens of Lake Elmo was elected vice president and Mrs. C. H. Sherman of Bayport, secretary and treasurer. Eleven members were present.

PROCEEDINGS of the MINNESOTA ACADEMY OF MEDICINE

Meeting April 10, 1940

The regular monthly meeting of the Minnesota Academy of Medicine was held at the Town and Country Club on Wednesday evening, April 10, 1940. Dinner was served at 7 o'clock and the meeting was called to order at 8:10 p.m. by the President, Dr. James Johnson.

There were 52 members and 3 guests present.

Minutes of the March meeting were read and approved.

Amendments to the constitution, as published in the April program, were voted upon and accepted by the members present.

The scientific program followed.

SOME USES OF SULFAMIDOPYRIDIN PREPARATIONS IN THE TREATMENT OF INFECTIOUS DISEASES

MOSES BARRON, M.D.

Minneapolis

Discussion

Dr. Barron gave a very favorable report on the effect of sulfamidopyridin preparations in various infections.

Dr. F. C. RODDA, Minneapolis: I would like to comment about some of our statistical conclusions. They may have to be modified as the years go by. There is a definite cyclical change in disease prevalence and virulence. About 1830, Bretonneau, in writing a text on medicine, disposed of scarlet fever in a paragraph. It was mild, unimportant, and he referred to it as scarlatina. About ten years later he revised his text and his most prominent chapter was devoted to scarlet fever. In the interval there had occurred a violent, killing epidemic of scarlet fever. In about 1918 we had an epidemic in which the patients died within 36 to 48 hours after the onset of the disease. At present scarlet fever is very mild, even hard to diagnose. It may be that sulfanilamide may not be able to cope with the severe disease as successfully as is now indicated. In furtherance of this idea, in the past years, epidemics of diphtheria in Germany have been described which have been resistant to present-day antitoxin and immunization obtained by toxin-antitoxin and toxoids. I think we have to take into consideration, in appraisal of therapeutic agents, the cyclical changes in diseases.

Dr. S. E. SWEITZER, Minneapolis: I would like to congratulate the internists on the spread of their field of internal medicine from broken bones to scarlet fever and gonorrhea. We have treated quite a lot of erysipelas with sulfanilamide and sometimes get very good results. I think perhaps in pneumonia and some of the acute infections, this is a marked advance in therapy.

Dr. A. A. ZIEROLD, Minneapolis: I hardly feel that the discussion thus far has been entirely fair to the internist. While I realize that he has increased his field tremendously, nevertheless, the results are not

invariably as questionable as has been intimated. As Dr. Rodda has stated, the systemic infections are cyclic in character and require observation over a long period of time to determine their susceptibility to control by any one form of treatment. Compound fractures, on the contrary, are local injuries which are reasonably consistent in their behavior. We feel that our treatment of compound fractures at the General Hospital has been eminently successful and we feel satisfied that the use of sulfanilamide is a distinctly valuable agent in our routine. Before the advent of this drug, the incidence of sepsis following compound fractures was 30 per cent at the Minneapolis General Hospital and I believe that this represents a common experience. As the result of the investigation and initiative of the surgical residents, sulfanilamide was implanted in all compound fractures with the result that subsequent infections dropped to less than 1 per cent. This has been confirmed by the experience of men in other clinics and I believe is definite objective evidence of the worth of this drug in this particular field.

Dr. S. E. SWEITZER: We heard about these results which were claimed in fracture cases and we thought it might be used in leg ulcers. We packed some of them in sulfanilamide and did not get anywhere with it. I wonder, if you get such good results in fracture cases, why we do not get anywhere with the leg ulcers which are treated with it—which are a definite infection. In fracture cases there isn't usually an infection present at first, but there is in leg ulcers.

Dr. ZIEROLD: I believe that I am able to answer Dr. Sweitzer's question. The basis of treatment of compound fractures is the implantation of the drug within a closed cavity, which permits slow diffusion in the immediate vicinity of the wound for a considerable period of time. Only in this way can a satisfactory concentration of sulfanilamide be maintained. Dr. Sweitzer's treatment failed because of the presence of pus and its contained peptones which inactivate sulfanilamide, and because of his inability to implant or completely enclose the drug.

Dr. F. H. K. SCHAAF, Minneapolis: I would like to ask Dr. Zierold whether or not there is a possibility that a change in surgical technic alone has something to do with the favorable results. During the recent Spanish War, one army surgeon treated all compound fractures with radical excision of the injured tissues, and immobilization of the extremities in plaster-of-Paris, with tremendously favorable results. Sulfanilamide applied locally may be of considerable value, if it will remain in a sufficiently high concentration for some time. While I agree with Dr. Barron in many respects, many of the extremely favorable results following the use of sulfanilamide smack a bit of a Wednesday night Christian Science Testimonial Meeting. I especially object to the indiscriminate use in ordinary throat infections, unless definitely proven of streptococcus-hemolyticus origin. Sulfanilamide is not effective unless used in proper dosage, and many of us have seen dangerous cases of agranulocytosis and hepatitis follow the use of ordinary therapeutic doses. Consequently, it is my feeling that we should use sulfanilamide and the related drugs only when there is a definite indication for their use. I do not agree with Dr. Barron that either sulfanilamide or sulfapyridin have given uniformly good results in staphylococcal infections. At the New Orleans meeting of the American Congress of Physicians, directly contradictory results were reported by two groups of investigators. I

think, perhaps, it will be best for us to be somewhat critical at the present moment, to prevent the unnecessary use of these extremely valuable but dangerous drugs.

DR. O. H. WANGENSTEEN, Minneapolis: I wish to speak briefly concerning the value of local implantation of sulfanilamide about the operative site in experimental gastro-intestinal surgery upon the dog. There has been a lively local interest relating to the implantation of sulfanilamide in wounds since Dr. N. K. Jensen of the Minneapolis General Hospital and his associates first pointed out the efficacy of employing sulfanilamide in this manner as a bactericidal and bacteriostatic agent.

During the current year, Dr. Richard L. Varco, one of my young associates, has made a very interesting application of the use of local implantation of sulfanilamide. Upon completion of gastro-intestinal anastomoses of varying kinds, Dr. Varco has been placing 4 to 5 grams of sulfanilamide about the suture. He has now an operative series of between forty and fifty operations, many of which involve triple anastomoses, such as the interpolation of a short segment of the terminal ileum and ascending colon between the pyloric outlet and the jejunum to imitate the function of the Dragstedt valve, with transfer of the biliary and pancreatic secretions to a lower level in the bowel (duodenal drainage according to the Mann-Williamson method), transection and end-to-end anastomosis of the esophagus, the establishment of Pavlov gastric pouches, gastric resections and similar procedures with only three deaths in the group (none with peritonitis).

This is really an unusual accomplishment for any surgeon. Markowitz, a pupil of Frank Mann, has said quite appropriately, "If an operator has mastered the technic of resection in dogs, he need not doubt his ability to make a safe anastomosis of the human intestine. When a surgeon can perform on dogs the operation of functional exclusion of the duodenum, known as 'duodenal drainage' with a mortality of only 20 per cent, we should say that he has mastered the technic of intestinal anastomosis" (Experimental Surgery. William Wood and Company, 1937, p. 73).

The difficulties in the dog are well known to all who have had extensive experience in this type of surgery. Dr. Varco and I had been able to confirm Markowitz observation, and from my own experience in the hospital, I have the impression that similar anastomoses on man may be carried out with definitely lesser risk.

Even with employment of closed or so-called "aseptic" anastomoses in the dog, leaks may occur where the gut is punctured with the needle even though fine needles and silk are used. It is very discouraging to spend three to four hours making a complicated anastomosis in the dog to find in forty-eight hours, that the anastomosis appears to leak in many places, particularly when everything seemed in order on completion of the procedure.

It is Dr. Varco's impression that the local implantation of sulfanilamide about the anastomosis exerts a bacteriostatic effect upon the bacteria which escaped through needle punctures of the gut wall. The presence of pathogenic bacteria on the peritoneal surfaces of the anastomosed segments, Dr. Varco feels, interferes with fibrin formation and stops the healing process. Local implantation of sulfanilamide holds the bacteria in check, preventing the lysis and destruction of fibrin, thus permitting the healing process to continue normally. Dr. Varco failed to observe a similar protective influence when the sulfanilamide was administered subcutaneously.

It is well known that the dog tolerates relatively larger doses of sulfanilamide than does man. Further, the dog does not acetylate a portion of sulfanilamide administered, as does man. Consequently, in the dog,

all of it is available for bactericidal and bacteriostatic purposes. We have used sulfanilamide in this manner in colon resections, implanting usually 4 grams about the anastomosis and 2 grams in the abdominal wall above the peritoneum. The blood levels of sulfanilamide in man, following such implantation come up to maximal levels in two to three hours time. If the sulfanilamide could be implanted locally in oil, permitting even slower absorption, the protection afforded might be enhanced. It does appear that local implantation of sulfanilamide in the peritoneal cavity of the dog about complicated gastro-intestinal anastomosis is a worthwhile procedure.

MODIFICATION OF VIRUSES FOR USE AS VACCINES

ROBERT G. GREEN, M.D.
University of Minnesota
Minneapolis

Abstract

Previous to the time of Jenner it was well recognized that smallpox epidemics were severe or mild. During the eighteenth century the practice of inoculating human beings from lesions of cases of the disease in mild outbreaks became common in Europe and America. This practice was brought from the Orient to Europe early in that century through its introduction into Turkey. The introduction of inoculation with cowpox by Jenner in 1798 we recognize as one of the greatest practical achievements in medicine, but the real significance of the smallpox-cowpox relationship is just now being understood. The concept of filterable viruses did not have its beginning until a hundred years after Jenner's time, since the first filtration experiment on the mosaic virus of plants was done by Beijerinck in 1894, and the first experiment with an animal virus was performed with the virus of foot-and-mouth disease by Loeffler and Frosch in 1898.

During the past decade two virus-modifications have been accomplished by animal-passage of the virus which seem to establish the significance of this process. Beginning in 1934, Theiler and Smith passed the virus of yellow fever serially through chick embryos from which the central nervous system had been removed, and reduced thereby the pathogenic properties of this virus for man. After preliminary tests and field trials, 57,000 people, mostly in Brazil, were inoculated with the modified virus in 1938. During 1939 more than a million people were vaccinated against yellow fever.

In our Minnesota investigations on viruses during the same period, the virus of distemper was passed serially through ferrets, and the decrease in the virulence of this virus for canines was carefully determined. After fifty-four passages the virus produced uniformly mild infections in foxes and dogs. The live modified virus has been used to inoculate more than 100,000 foxes and 1,000 dogs.

It now appears that passage of certain filterable viruses successively through one species of animal decreases their virulence for unrelated species. Indications are that the property of modification is more or

less a general one, and that the use of live modified viruses as vaccines may in the future be the outstanding method of attack in controlling virus diseases.

Discussion

DR. JAMES JOHNSON, Minneapolis: What have been the conclusions in regard to this extensive vaccination against yellow fever?

DR. GREEN: The process of immunization against yellow fever as a field study is still too new to permit drawing conclusions. In preliminary experimental work, it was shown that this virus would produce antibodies in the blood which were considered, from mouse-protection tests, to be sufficient for protection against yellow fever. Similar tests are being made on individuals vaccinated in the field inoculations to determine the degree of immunity produced.

DR. RODDA, Minneapolis: Is the modified distemper virus now being used for the immunization of dogs?

DR. GREEN: Field studies are now being carried on in the vaccination of dogs by veterinarians, and it seems that a single inoculation with a modified distemper virus produces a satisfactory immunity in dogs. Such a vaccine cannot be made available for general use until extensive field trials have been completed.

The meeting adjourned.

A. G. SCHULZE, M.D., *Secretary*.

The prognosis of pleurisy with effusion with negative, doubtful or extremely slight pulmonary findings by x-ray is excellent if patients receive at least four months of sanatorium care; in fact, it is almost as good as the normal population in the same age group.—FRANCIS B. TRUDEAU, M.D., *Amer. Rev. of Tuber.*, (Jan.) 1939.

BOOK REVIEWS

Books listed here become the property of the Ramsey, Hennepin and St. Louis County Medical libraries when reviewed. Members, however, are urged to write reviews of any or every recent book which may be of interest to physicians.

OPERATIVE SURGERY. Fifth Edition. J. Shelton Horsley, M.D., LL.D., F.A.C.S. Attending Surgeon, St. Elizabeth's Hospital, Richmond, Va.; and Isaac A. Bigger, M.D. Professor of Surgery, Medical College of Virginia Hospitals, Richmond, Va. 2 Vols. 1,567 pages. Illus. Price, \$18.00, cloth. St. Louis: C. V. Mosby Co., 1940.

PSYCHIATRY FOR NURSES. Louis J. Karnosh, B.S., Sc.D., M.D. Associate Clinical Professor of Nervous Diseases, School of Medicine, Western Reserve University, Director of Neuropsychiatry, City Hospital, Cleveland, Consulting Neuropsychiatrist, Cleveland Clinic; and Edith B. Gage, R.N., Supervisor, Neuropsychiatric Division, City Hospital, Cleveland. 327 pages. Illus. Price, \$2.75, cloth. St. Louis: C. V. Mosby Co., 1940.

THE POISON TRAIL. William F. Boos, M.D. 380 pages. Price, \$3.00, cloth. Boston and New York: Hale, Cushman & Flint, 1940.

THE MARCH OF MEDICINE. Edited by the Committee on Lectures to the Laity of the New York Academy of Medicine. 168 pages. Price, \$2.00, cloth. New York: The Columbia University Press, 1940.

DOCTORS IN SHIRT SLEEVES. Musings on Hobbies, Meals, Patients, Sport and Philosophy. Edited by Sir Henry Bashford. 294 pages. Price, \$2.50, cloth. New York: Veritas Press, 1940.

ENDOCRINE THERAPY IN GENERAL PRACTICE. Third Edition. Elmer L. Sevringhaus, M.D., F.A.C.P.

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*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, *AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES*, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

BOOK REVIEWS

Professor of Medicine, University of Wisconsin; Editor, Department of Endocrinology, Year Book of Neurology, Psychiatry and Endocrinology. 239 pages. Illus. Price, \$2.75, cloth. Chicago: Year Book Publishers, 1940.

DERMATOLOGIC THERAPY IN GENERAL PRACTICE. Marion B. Sulzberger, M.D. Assistant Clinical Professor of Dermatology and Syphilology, Skin and Cancer Unit of the New York Postgraduate Medical School and Hospital of Columbia University; Associate Attending Dermatologist, Montefiore Hospital, New York City; and Jack Wolf, M.D.; Attending Dermatologist and Syphilologist, Skin and Cancer Unit of New York Postgraduate Medical School and Hospital of Columbia University; Director of Dermatology, New York City Cancer Institute. 680 pages. Illus. Price, \$4.50, cloth. Chicago: Year Book Publishers, 1940.

PRINCIPLES OF SURGICAL CARE—Shock and Other Problems. Alfred Blalock, M.D. Professor of Surgery, Vanderbilt University School of Medicine, Nashville, Tenn. 325 pages. Illus. Price, \$4.50, cloth. St. Louis: C. V. Mosby Co., 1940.

AN INTRODUCTION TO BIOCHEMISTRY. Second Edition. William Robert Fearon, M.A., Sc.D., M.B., F.I.C. Fellow of Trinity College, Dublin. Member of the Royal Irish Academy. 475 pages. Illus. Price, \$3.75, flexible binding. St. Louis: C. V. Mosby Co., 1940.

CHEMISTRY AND MEDICINE. Papers presented at the Fiftieth Anniversary of the Founding of the Medical School of the University of Minnesota. Edited by Maurice B. Visscher, Professor of Physiology at the University of Minnesota. Cloth. Price \$4.50. pp. 296, illus. Minneapolis: The University of Minnesota Press, 1940.

Chemistry, despite the disclaimer in the foreword of this book, is by all odds the most important single factor in the development of modern medicine and it was therefore most appropriately chosen as the single theme of the program for the commemoration of the completion of the first semi-centennial of the University's Medical School. Seven of the fourteen papers are by members of the University's own faculty, the others by teachers from other centers. All are by workers of acknowledged standing in the various subjects they have chosen, in which they have all done important original research.

It follows logically, then, that the volume is one of great value. It is divided into four parts, covering the physical, the metabolic, the immunologic and chemotherapeutic, and the neurologic aspects of chemistry in medicine, adequately illustrated by excellent charts and graphs drawn in the Medical Art Shop of the University, with a few half-tones from other sources.

Obviously the main object of the book is to preserve in permanent form these valuable contributions, both for the benefit of those who attended the sessions and those who were unable to be present, as stated in the foreword. To this extent it is a complete success, and one can readily understand that from its non-encyclopedic nature it was not meant to be regarded in any sense as a text book or even have the appearance of an attempt to make it look like one. Yet with the wealth of authoritative material which it contains it could have been made much more useful if it had been

provided with a uniform system of alphabetical reference lists, properly numbered, and given an index. It is like a rich feast served in the dark, or at least without a bill of fare.

GILBERT COTTAM, M.D.

DIAGNOSTIC STANDARDS AND CLASSIFICATION OF TUBERCULOSIS. Published by the National Tuberculosis Association, 50 West 50th Street, New York City, 1940.

Currently accepted standards in diagnosis, treatment and prevention of tuberculosis are given in the new edition of "Diagnostic Standards and Classification of Tuberculosis." It incorporates many ideas of physicians who gave the Standards in the tentative edition, published in 1938, a practical trial during the last two years.

Some of the changes in the new edition are in terminology. The terms "primary" and "reinfection phases," are used to replace the terms "childhood type" and "adult type," respectively. This change is due to the fact that primary infections occur in adult life more frequently than formerly simply because fewer children become infected. The term, "frankly active," is now employed to include the cases formerly classified as "improved and unimproved," though these terms are retained as subdivisions.

The section presenting the pathogenetic development of pulmonary tuberculosis discusses fully the primary reinfection phases of tuberculosis, initial lesions, prevalent types of retrogression and progression, and the histologic characteristics of the two phases of the disease.

The necessary correlation of the clinical symptoms of tuberculosis with the pathological course of the disease is emphasized and many such correlations are given as illustrations.

The diagnosis of tuberculosis is discussed from the standpoints of pulmonary tuberculosis with and without symptoms, the primary phase of the disease, non-pulmonary tuberculosis and differential diagnosis.

Tuberculosis case-finding and control are dependent upon the mutual understanding and cooperation among physicians, clinics and health organizations, according to the publication. The rôle of the private physician is pointed out as a major one.

The form sheet, "Classification and Descriptive Summary of Tuberculosis," is more comprehensive than any previous one. This form, when used, will give on brief inspection a full picture of the patient regarding medical history, evaluation of symptoms, physical, roentgenographic and sputum examinations, treatment, clinical status and complications.

The technical procedures in the diagnosis of tuberculosis are fully presented. The methods and the interpretations of the intracutaneous tuberculin test are discussed, as well as the demonstration of the tubercle bacilli in the sputum, stomach washing and other body fluids.

The x-ray is pointed out as the foundation of early diagnosis, and the many factors involved in the taking of the x-ray and the interpretation of the film are evaluated.

MINNESOTA MEDICINE

MINNESOTA STATE MEDICAL ASSOCIATION

Eighty-seventh Annual Session

April 22, 23 and 24, 1940

Rochester, Minnesota

HOUSE OF DELEGATES

Sunday, April 21, 8:00 P. M.

The first meeting was called to order at 8:00 p.m., Sunday, April 21, by Dr. W. W. Will of Bertha, Speaker of the House.

Following a report from Dr. E. S. Boleyn, Chairman of the Committee on Credentials, that a quorum was present, it was moved, seconded, and carried that reading of the minutes of the last meeting be dispensed with and, at the request of the Speaker, Dr. W. F. Braasch of Rochester introduced Dr. Nathan B. Van Etten of New York City, President-elect of the American Medical Association. (Dr. Van Etten's Address will be printed in full in a future issue of MINNESOTA MEDICINE—Editor.)

The Speaker then requested Dr. Adams to introduce Dr. R. G. Arveson, President of the Wisconsin State Medical Society.

DR. ARVESON: I am very glad to know that Dr. Adams comes from Wisconsin, and I would like to invite you all to Wisconsin next year to help us celebrate the 100th Anniversary of our organization as a continuous state medical society.

Wisconsin, especially western Wisconsin, owes a great deal to Minnesota. In western Wisconsin, we have made your medical centers ours and your men have been very willing to come across the state line and teach. Furthermore, before I go farther, I want to say that your executive secretary knows no state lines medically and has done much for western Wisconsin. In fact, I have talked so much about Minnesota to my Council and House of Delegates that they are on the verge of deporting me.

Wisconsin has been pushed around a good deal of late. The federal government threatened to make us pay an income tax and a large number of trips back and forth to Washington have been necessary, also the aid of an influential Minnesotan, before that threat could be removed. It would seem that the statement made recently by Hogan of the American Bar Association is right: This nation is fast becoming a government of men, not of law.

Some of you probably know that there has been a good deal of criticism of the Wisconsin State Medical Society in the Wisconsin legislature. We sent Mr. Crownhart to Europe to refute the arguments of some of our legislators and social service workers about the general excellence of the European system and we sent a committee around the state to investigate the adequacy of our own system in Wisconsin. We had planned to spend two or three Saturdays at it. Actually we spent the week-ends of nearly nine months. We talked to industrialists, mayors of cities, sheriffs, scrub-women and WPA workers and, gentlemen, we found not one instance where a physician had refused medical care or failed to see that it was provided; not one instance where a physician had failed to play ball with his patient.

We attempted in Wisconsin to establish a state-wide hospital insurance but the hospitals have taken it out of our hands and though it is now being pushed in Milwaukee, the outlook is not very hopeful. The CIO is fighting it in Milwaukee and x-ray and pathological services are being included in defiance of the law. We should probably have left it to the hospitals to handle

from the start. In any case, a great war is on and will probably be carried to the Supreme Court eventually to decide whether or not the hospitals can practice medicine.

The Wisconsin State Medical Society presents its best wishes through me for a successful meeting in Minnesota.

Dr. Will then introduced Dr. B. S. Adams of Hibbing, President of the Minnesota State Medical Association. (The Presidential Address of Dr. Adams is printed in full elsewhere in this issue—Editor.)

Dr. Felix Hennessy of Iowa, President of the Iowa State Medical Society was introduced.

DR. HENNESSY: May I extend to you the greetings of the 2,430 members of organized medicine in Iowa.

As I observe this House of Delegates meeting and as I have looked at ours over a period of many years, I have wondered if the message of what is going on here and in the practice of medicine everywhere is really being carried back home to the members and to the public.

We representatives are likely to debate the issues of medicine with complacency in our meetings but the general practitioner at home is outside of the combat, and, so far as he is concerned, our words fall on barren ground. It is through him that we must carry our message to the public. If we reach the public properly it is certain that we shall find appreciation and assistance.

DR. WILL: Thank you very much, Dr. Hennessy. I hope our delegates here assembled will take to heart what you have said about carrying the message home to our members.

You are all familiar with the re-organization plan in the state government of Minnesota. You are aware of the fact that Mr. Walter Finke heads the new Division of Social Welfare, and I am told by people who are in a position to know, that a better selection couldn't have been made. It is evidence of Mr. Finke's appreciation of the importance of medical problems of his department that he has appointed a medical advisory committee to aid him in the solution of these problems. Dr. A. W. Adson is Chairman of this committee and he will explain the functions of this committee.

DR. ADSON: I must confess that I was somewhat suspicious at the outset of the object back of the appointment of the Medical Advisory Committee. It occurred to me that perhaps we were appointed only to whitewash certain activities that would be presented to us as a formality for our approval. It was not until we saw the first orders issued to the Welfare Boards that I, for one, was fully convinced that Mr. Finke was seriously seeking our help in the solution of the medical problems involved in administration of relief and social security aids.

At our first committee meeting we suggested that we utilize the County Contact Committees as advisory committees to local county welfare boards. I'm taking the privilege of reading excerpts from the first regulations issued January eighth to the local county welfare boards and based upon the suggestion of the committee.

"In handling medical care cases, every county welfare board and its staff members often face the need of decision which is primarily medical and outside of the province of anyone but a

PROCEEDINGS EIGHTY-SEVENTH ANNUAL SESSION

physician to make. From the standpoint of the welfare board, three factors are present. They are produced by a mutual need of assistance, the need for medical care, and the comparative limitation of funds. Of these, the first and the last are the responsibility of the welfare board. They are usually known, tangible facts. The need for medical care, its duration and type, are within power of the physician only to determine."

Now, gentlemen, that's very important. You are all familiar with the conflicts that have arisen in all our counties with reference to the type of medical care necessary in a given instance and to what extent it should be administered. When funds are limited, relative needs for medical care assume a special importance.

To quote this bulletin further:

"To assist them in this problem many counties have used committees of physicians formally designated by the county medical society for this duty. This committee activity sponsored by the medical society and carried out with the close cooperation of the physicians has been of immense value to the county welfare boards and a very real contribution to the handling of local welfare problems. We are happy to report that on November 24, 1939, the State Medical Advisory Committee to the Division of Social Welfare, after study of medical care as it relates to the welfare program, formally went on record urging extensive use of local medical advisory committees."

"The State Medical Advisory Committee recommends that the present County Contact Committees act in the capacity of the County Medical Advisory Committees as herein specified until the next annual meeting of the State Medical Association when formal action can be taken to change the name of such committees."

It seemed wise to the committee, it should be pointed out, that the word "contact" be omitted in the name of these committees and that they be known as "medical advisory committees." Such a change will have to be submitted to you, perhaps, in the form of a resolution.

The functions of the county committees were outlined as follows:

"(1)—On request of the County Welfare Board, aid in solving any problem involving compensation for medical care and provision for receiving public assistance." Obviously the men who make up these committees should be alert and willing to cooperate—and if they are, Mr. Finke will certainly see that their opinions are respected.

"(2)—On request of the Board, to aid in solution of problems that arise in connection with emergency cases. On the request of members, to bring to the attention of the Welfare Board, problems that arise in connection with emergency cases."

"(3)—On request of the Welfare Board, to be available to assist in the solution of problems arising by reason of a difference of opinion on recommendations as between doctors."

"(4)—On request of the County Welfare Board, to aid in solving problems of patients waiting for admission to the University Hospitals and other types of tax supported hospitals and to advise relative to the economy that might be effected in the transportation costs through treating certain cases with local facilities."

As the state committee has met from month to month, many different problems have been submitted. We have given our best thought to solution of conflicts and adjustment of differences. But the arrangement means more than that. It means that the medical profession of Minnesota has an opportunity to participate in the discussion and to outline the plans in conjunction with the Division of Social Welfare in the handling of intricate problems. I believe that many of these problems will be amicably and wisely settled and that there will no longer be a struggle in Minnesota between two strong forces. I am convinced that Mr. Finke is sincere and that he is willing to work with us as a profession. If we will do our part, we may be able to set up a plan that will benefit everybody in Minnesota. We have the pleasure of having with us tonight both Mr. Finke and Dr. Hilleboe and I want to present Mr. Finke to you now, not only as a Director of the Division of Social Welfare, but as a humanitarian who is genuinely interested in the solution of public problems that confront us in Minnesota. Mr. Finke.

MR. WALTER FINKE, Director of the Division of Social Welfare: I should like to state for you briefly

the four or five principles that govern our working relationship as we advance in these welfare programs in Minnesota.

First, I think it is important that the state should put its own house in order administratively before it asks any profession to work with it in the solution of any of its problems. Nothing is more difficult than an effort to deal with government when administrative responsibility is divided between numerous agencies and individuals and when there is overlapping and disagreement. We believe that we have taken the first step toward removing such obstacles in Minnesota. We have thrown together into one hat all of the diverse agencies that were previously concerned with the welfare program and we have definitely clarified administrative responsibility so that you can now point out who is responsible for what and definitely put your finger on the person, the bureau, and the unit which is charged with carrying out the program in which you are interested.

We are trying to create one state agency and one county agency in each county which will, between them, handle all the problems of social welfare. I think you will be interested to know that, as a by-product of integration and consolidation, we have been able to reduce staff and overhead expenditures substantially. Whereas, previously there were some 425 to 450 people in the various state offices concerned with this general program we now operate on a stabilized staff of 275 people and we are getting broader service and we are making better use of the qualifications and abilities of those who are on our staff. Of course the reduction in administrative expenditure is in proportion. It is our aim to put your welfare programs on a business basis because I believe that the administrative performance of a welfare program should be judged by the same standards as the accountant applies to a private business.

In our approach to the medical problems in the field of welfare, all of us know the importance of sound administration; but we are also proceeding upon what seems to me to be a basic premise—that the way to solve the medical problems of a welfare program is through, by, and with the medical profession itself. Since we started operation of the newly created Division of Social Welfare, no policy and no principle affecting medical care in any of these programs has been made or released until it has been approved by our Medical Advisory Committee. And that, gentlemen, will be a fixed policy of that Division as we proceed to administer these programs through the coming years. (Applause).

Likewise important for your consideration, I think, is the fact that we base our administrative procedure upon the theory of decentralization. We believe in the soundness of participation by local persons, in a local community, in a local unit of government, in the responsibility for administration of the problems connected with a welfare program. And so we operate in this state very soundly, I believe, through eighty-seven county welfare boards. Wherever it is possible, decision and responsibility are turned back to the local unit of government to be exercised by local people with knowledge of local conditions. This fact is important in working out our medical relationships. Medical problems must be solved wherever possible, on the local level, also, and by local people. The interest of the state is to see that certain broad general principles hold throughout all counties so that there is no discrimination as between geographic divisions in the state; also to act as umpire if necessary to assist local people in solving disputes.

Thus we have created a structure made up of local medical advisory committees subject to general policies which are worked out through our statewide Medical Advisory Committee which meets regularly each month with us in St. Paul.

Notice I say "we have created a structure." I do

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not say that we have found a panacea because I do not believe we are going to hit upon any one idea that will suddenly solve all of our welfare problems for us. We must expect to find the answers the hard way—and the hard way is to work out our problems, detail by detail, until, eventually, concentrated effort finds the solution.

We now move into the second part of our process—that of making the structure, which we have created, work. And it won't work unless we have the full cooperation and interest of the medical profession itself. The form, standing alone, is worthless. It only becomes valuable by your own participation and willingness to work. We think our structure so far is sound. We have made tremendous progress, so far, in local participation and in raising standards of performance. I have every reason to believe that much will be accomplished, likewise, in raising the levels of coöperation between county welfare boards and county medical committees.

You may perhaps be interested to know that we believe the work of our Division must be characterized by openness of mind. We are willing to face our problems squarely without pre-conceived opinions and biases. We want the opportunity to sit down with those who are interested in any given problem and arrive jointly at solution. We recognize, for instance, that the general practitioner is probably the person most concerned in the medical problems of the county welfare board and that reference of welfare clients to a specialist should come best through him, so far as beneficiaries are concerned. In all cases, we hold fast to the idea that medical problems ought to be answered by medical men and not by others in some other field of activity. Upon that basis, I'm here to ask your continued help and coöperation in working out our problems in Minnesota.

Frankly, I have been amazed at the response which has been obtained from medical men in the various counties and that kind of response, I know, will continue.

I often see statements to the effect that this set of circumstances and that set of circumstances represent democracy at work. To me that's a static concept. I would rather turn it around and put it this way. If we are to get anywhere, we must work at democracy and in the process of working at democracy we find that thing we seek. If you are willing to work with us, we may together improve the health and welfare of all of the people of the state of Minnesota.

Dr. Adson then introduced Dr. H. E. Hilleboe, Medical Coordinator of the Department of Social Security and Chief of the Medical Unit of the Division of Social Welfare.

DR. HILLEBOE: When our State Medical Advisory Committee was first organized, I was a little bit doubtful about asking the men to come down to consult with us too frequently. Mr. Finke shared my feeling and suggested that perhaps the Committee could meet every three months at the time of the Council meetings. It is certainly to the credit of committee members that one of them got up and said, "We feel this work is too important to sandwich it in with other medical work. For a while, at least, and for as long a period as necessary we should meet at least once a month." In the intervening months since November it has been possible to set up medical policies relating to the use of County Medical Advisory committees, to Old Age Assistance and to Aid to Dependent Children.

Now we have started on the tremendous job of looking into the program of medical care for relief clients, and, frankly, we wish to take about six to nine months to study this program from a medical as well as the welfare point of view.

Our field representatives have already begun to accumulate information from the welfare board side of the picture. They have been instructed to find out

from the county secretaries if the relationship in their counties with the medical group is satisfactory. If it is satisfactory, no additional information is sought. If it is not satisfactory, then we ask for additional specific information. We hope that by July first we shall have the information from each of the eighty-seven counties and, at that time, we are going to ask our Medical Advisory Committee to recommend to the Council that Mr. Rosell or some other representative go with me to the medical societies in each of the counties where there have been difficulties to try to get at the problem. By the end of the year, then, we hope to take the picture as seen by the welfare boards and the picture as it is seen by the medical societies and bring the two together. By that method, perhaps, we can find the misfits and do something about them.

It has not yet been mentioned that Dr. Chesley is an ex-officio member of our Medical Advisory Committee. His membership is very important because it means that in the development of our program we are not overlooking the important part played by the State Board of Health and its various divisions. It means, too, that there will be no duplication in the development and execution of the program.

It may interest you also to know that we have in our office the obligation of consulting with the Director of the Division of State Institutions and that, for the first time in the history of Minnesota, all of the medical work that is not under the State Board of Health is in one unit. To give you an example of just what that means: One of the first things we are going to study in the state institutions is the use of drugs. In 1938, for example, \$90,000.00 was spent for drugs in nineteen institutions. A preliminary survey showed, also, that over 900 different schedules were on the drug list. The question of whether all of the 900 are in the United States Pharmacopeia or in the New and Non-Official Remedies certainly needs investigating and this investigation will be part of a consultation service for the institutional program.

So far we have had excellent coöperation from all of the non-medical people in the Division of Institutions and the Division of Social Welfare.

There are three things to be considered in all these activities: First, the needs of the patients; second, the practitioners who will be available to render needed service and third—and equally important, the limitation of funds available. Thank you.

Dr. W. W. Will next introduced Dr. Chesley.

DR. A. J. CHESLEY: There was one title that was not read for Dr. Hilleboe, that is Assistant Surgeon of the United States Public Health Service. This is a very important title because it gives him an important relation with the United States Public Health Service, a relation which is essential to the kind of work he is doing.

Mr. Finke also has very important relations with the Federal government since a very large amount of money used in welfare work comes to the state under provisions of the Social Security Act. Mr. Finke is the one man who represents Minnesota at Washington on all these questions of relationship, and he takes his advice on all matters relating to medicine and also public health from Dr. Hilleboe. While Dr. Hilleboe was with the old State Board of Control he worked closely with the State Board of Health and we gained confidence in his judgment and admiration for the way he does things. We're very fortunate in having him, as an officer of the United States Public Health Service, here in the state in this position. Thanks, of course, to the Governor's recognition of his ability and of the unique opportunity presented of keeping him here in this dual capacity.

My part on the State Medical Advisory Committee is simply to listen in. I have no vote but I'm very glad to have the privilege of knowing what they are doing.

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We have a very good Committee. I don't know if they are much better than the State Board of Health but, of course, they are all doctors and on the Board we have a variety.

The finances under which we operate in the Department of Health continue to come partly under Title V of the Social Security Act from the United States Public Health Service and partly under Title VI from the Children's Bureau. Congress makes the appropriations under the law at each session. In the case of the Children's Bureau, it is implied but not exactly stated that the Chief will consult state and territorial health officers before setting down regulations to govern their use. In the case of funds under Title VI, the Surgeon General is required by law to consult the state and territorial officers with regard to regulations governing allotments which he recommends to his superior, now Mr. McNutt, for adoption. In Minnesota, we use funds from both sources to pay some of the salaries of public health nurses, for instance, and our program is of necessity worked out between the Children's Bureau and the United States Public Health Service.

As you perhaps know, Congress amended the Social Security Act to require a merit system. Our State Civil Service Act fulfills the requirement so far as state employees are concerned but does not cover some of these local employees whose salaries are provided by Social Security funds. For these employees, then, we shall have to work out something to meet the requirements of the Federal Act or there will be danger of losing the aid allotted to Minnesota. Inasmuch as the same thing applies to employees of many county welfare boards, also, I have been waiting for Mr. Finke to take the initiative because the state receives, relatively, \$1,000.00 for relief and welfare purposes to ten cents for health purposes. Furthermore, the qualifications set up so far can well be met by anybody that we employ. Health officers have always been in favor of increasing the standards and requirements for public health workers. They have not been in favor of the use by federal authorities of the terms "you must, you shall, you will, or else," because, after all, at least a part of their money comes from the citizens of Minnesota.

The whole matter will come up for discussion at the Surgeon General's Conference in May and this is a very important session because a good many issues that really deal with state medicine in implication, though not in so many words, are likely to come up. Many of these issues seem of small immediate concern but they must be examined with consideration for the principle involved. I believe that some of the people who talk so much about broadening the social structure and the expanding needs of the public health forget that public health is merely a branch of medicine and that there would be practically no organized public health work in the United States if there were no medical organizations. As you know, it was the Minnesota State Medical Association which put through the bill providing for the State Board of Health in Minnesota. That was in 1872 and Minnesota was the third state to establish such a board. Members of the Board furthermore have been selected with very little idea of political advantage by our governors. We have distinguished medical men with no axes to grind on the Board. They receive no salaries; there are times when they get better than a sixty-five cent luncheon—that's when I can't get them into a place where I can give them a a sixty-five cent luncheon.

People like these who take the time to study our problems solely from the obligations of citizenship and their feeling of obligation to the profession are not going to go very far wrong in what they decide to do.

Tomorrow morning the members of our Board will meet with your Council and any questions which are brought up there and may need your attention will be brought to you. I take pride on being invited here

to talk to you and in having your confidence. I feel sure you can trust the Board to consider carefully all of the problems that the new programs present to them and to consult your Council before any new policies are established. As you know, we asked and received the sanction of the House of Delegates a few years ago to use the Council as an Advisory Committee to the Board on all matters of policy and especially on those related to aid secured under provisions of the Social Security Act.

In addition, a representative of your Association, Dr. Theodore Sweetser, faithfully attends every meeting of the executive committee of the Board. You will be interested in the fact, also, that we have Dr. O. O. Larsen of Detroit Lakes as president, this year, of the Minnesota Sanitary Conference. The Conference hasn't much money but President Larsen attends the meetings anyway at his own expense. I think we have a good man, there, too—reasonable, progressive and courageous. If he sees a point that involves a principle he fights for the principle regardless of who may disagree with him.

It seems to me that our public health program is in good hands in Minnesota.

Dr. J. F. Dubois made a report which was not recorded from the State Board of Medical Examiners.

Mr. John Pratt, Executive Secretary of the National Committee of Physicians for Extension of Medical Service, was introduced by Dr. W. F. Braasch. He spoke briefly but his remarks were not recorded. Dr. Braasch announced a luncheon meeting of the Committee to be held Tuesday, April 23.

Dr. W. W. Will called for a report from Dr. H. Z. Giffin, Chairman of the Council.

DR. GIFFIN: Dr. E. M. Hammes, Chairman of the Editing and Publishing Committee, reported to the Council today on the excellent financial status of MINNESOTA MEDICINE. There was a surplus this year of approximately \$1,600.00 and, after the supplement which you received with your January number was paid for, more than \$1,000.00 was transferred to the permanent fund.

The financial condition of the Association, as a whole, was also reported as excellent. The Fiscal Agency Account is now \$37,000.00 with a market value of something over \$35,000.00. The annual meeting last year showed a profit and the net surplus for the year 1939 was \$5,000.00 in spite of the fact that it was a legislative year and we had increased our office space and expanded our educational program. It was decided by the Council that the Finance Committee should use its own discretion as to disposition of this surplus. If it seems wise, the Committee will add it to the Fiscal Agency Account.

The action taken recently by the House of Delegates of the Oregon State Medical Society criticizing the exhibit sent by the Mayo Foundation and Clinic to the San Francisco Exposition and objecting, also, to the pictures and text which recently appeared in *Life* was discussed. The councilor for the First District presented the facts in connection with both matters and a committee of five consisting of three councilors, the president, the immediate past-president as ex-officio members was appointed to review them in detail and report to the Council and subsequently to the House of Delegates tomorrow.

Representatives of the three insurance companies, the Aetna, the Medical Protective and the Lumbermen's Mutual, which sell malpractice insurance in Minnesota, appeared before the Council and discussed their respective policies. The gist of these discussions will be summarized and presented to you later.

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Dr. J. C. Hultkrans, Chairman of the Committee to Study Motor Vehicle Accidents, presented a preliminary report for his Committee which was accepted by the Council and which he asked me to present to you here. The committee reports the opinion that the specificity and reliability of chemical tests for the presence of alcohol in the blood has not been completely and satisfactorily established. They suggest, therefore, that no specific methods for testing volume of alcohol in blood and no specific percentages to determine intoxication be recommended for legislation at this time. They wish to go on record encouraging further studies looking to future legislation in this matter.

Dr. L. R. Critchfield, Chairman of the Committee on Vaccination and Immunization, presented a supplementary report for his Committee which was approved by the Council and will be presented to you later here. Dr. W. A. Coventry of Duluth and Dr. W. F. Braasch of Rochester were nominated by the Council for re-election as Delegates to the American Medical Association with Mr. J. C. Hultkrans of Minneapolis and Dr. W. L. Burnap of Fergus Falls as Alternates.

The statement of membership presented to the Council showed an increase of approximately 100 members since last year, and Dr. C. A. Hobbs and Dr. A. E. Booth of Minneapolis, Dr. Fred Sheppard of Hutchinson and Dr. D. P. Dempsey of Kellogg were granted Affiliate memberships.

It was voted to permit the Division of Social Welfare to use any records or surveys made by the State Association which are not of a strictly confidential nature, provided these records are presented through the medium of the State Medical Advisory Committee.

Dr. W. W. Will here called for the report by the Chairman of the Reference Committee on Medical Education reports, Dr. F. W. Lynch of St. Paul. The following committee reports were reviewed:

REPORT OF THE COMMITTEE ON DEAFNESS PREVENTION AND AMELIORATION

Your committee reports a noticeable increase in interest among the medical profession and laity in the problem of conserving the hearing.

A number of communities have recently for the first time included in their school health programs the periodic testing of their pupils by modern methods.

There has been an increased demand for lectures by public health, parent-teacher, nursing and public service groups for hearing surveys and information regarding the subject. This demand has been met by members of this committee. Numerous inquiries from school authorities for specific information concerning audiometers and hearing aids have been received and answered. The opportunities for more effective work in this field have never been as great as today. The recent release of reliable audiometers at a low cost, and of greatly improved hearing aids, which meet the requirements of the Committee on Audiometers and Hearing Aids of the Council on Physical Therapy of the American Medical Association for such instruments greatly increases the possibilities of attainment in this field of preventive medicine. Your Committee advises that in the prescribing of hearing aids or the purchase of audiometers for clinical use, members of this association will wisely choose instruments which have been approved as "acceptable" by the Council.

A careful study of the situation reveals increased recognition of the need of a practical program to be administered through the cooperative efforts of the State Board of Education, the State Board of Health, the State Public Health Association and the State Medical Association as the logical agencies whereby the hearing, especially of school children, can be safeguarded by means of periodic, standardized hearing tests and the application of needed corrective medical and educational care. This need is especially acute in rural areas.

Contrary to our former teaching, recent research has shown that hearing deficiencies for the higher frequencies occur often among young children and are frequently the first indication of ear disease resulting from tubal obstruction. If undiscovered and uncorrected, this leads to hearing deficiencies of a handicapping degree. This fact emphasizes the importance of translating recently acquired knowledge of ear diseases into legislative and administrative action as has been successfully accomplished in several other states and in many local communities.

Your committee at the present time, in cooperation with interested agencies, is working on a tentative, practical program whose application will meet the existing need in Minnesota. The active interest of every medical man will be

needed to help put such a plan into action as a public health measure.

We respectfully recommend that in keeping with its larger field of activity, the name of the committee be changed to read "The Committee on the Conservation of Hearing."

We further recommend that the committee be enlarged, subject to the approval of the President and the Council, by the appointment of interested physicians as additional members from different parts of the state, to more effectively carry on its objectives in their respective communities.

HORACE NEWHART, M.D.

COMMITTEE ON SYPHILIS AND SOCIAL DISEASES

No significant change has occurred in the last year in Minnesota's fine venereal disease program. New funds allotted the State Department of Health have been used to finance special postgraduate courses for physicians; but the services of the State Department of Health have continued along their well-established lines and no new programs have been brought to the attention of the committee.

The effectiveness of Minnesota's program has been reflected in the steadily decreasing incidence of venereal disease in the state. The committee stands ready to advise on any matter that is brought to its attention but sees no need for the present for any special campaign for the control of either syphilis or gonorrhea in Minnesota.

WALTER E. HATCH, M.D.

REPORT OF THE COMMITTEE ON VACCINATION AND IMMUNIZATION

It has been pointed out in studies of comparisons of death rates made by the Bureau of Medical Economics of the American Medical Association that diphtheria mortality provides a fairly accurate measure of the efficiency of the medical profession in any county or community. Government public health agencies may well be expected to use just such a measure in evaluating medical service in a given community.

By that measure the medical profession of Minnesota has made a fine record for itself. The death rate last year was 0.3 per 100,000 population, while the rates in many German cities rose to 11 per cent and more.

There is another way to look at the situation, however, and that is that even one diphtheria death is unnecessary and could be prevented if every medical society in the state were launched upon a regular annual program of immunizing and vaccinating the children of its community.

The smallpox situation is undoubtedly more serious than the diphtheria situation, since there has been a gradually rising smallpox case and death rate over the last few years in Minnesota. At the same time, the absence of any major smallpox scare since 1924 has lulled many people into neglect of vaccination. An epidemic of malignant smallpox at this time—and such an epidemic is more than a possibility—would find many people unprotected.

The responsibility for preventing such a catastrophe and for reducing our diphtheria death rate to zero in Minnesota CAN BE AND SHOULD BE assumed by the medical profession. This has been the established policy for many years of the Minnesota State Medical Association and the policy was reaffirmed this year with the creation of this committee by the Council.

It is well known, of course, that a large number of our societies have been regularly engaged in immunization programs for some time. In many cases, the programs are well established and working satisfactorily. In some other communities the physicians have done the work sporadically and unsatisfactorily both to themselves and the community because of the lack of well-coordinated working plans or because no funds were available to pay for service to indigent children of the community or for some other reason which proper organization might have removed.

The results of community protections of this sort are so obvious and so dramatic that every American community will eventually demand them, and it is certain that, if the physicians of the community do not set the program in motion, government agencies will come in and undertake the work.

Therefore, it is the object of this committee to promote county and district medical society programs for immunization and vaccination in every community wherever such programs are not already in existence and working effectively.

A survey of all societies to see what is already being done and what the immediate needs may be is already under way. The committee is also studying model community plans including preparation and management, actual procedures, fees to be charged, etc., to give to any society that requests it as an aid to establishment of new programs. It is hoped that a report on the survey may be ready soon and that, as a result of this new effort, no child in Minnesota will reach school age without having been offered the opportunity for protection against these two scourges.

In the meantime, members and society representatives are invited to write to this committee for any information the committee may have in its files on this subject and also for speakers at their own meeting or for public groups in their communities.

L. R. CRITCHFIELD, M.D.

REPORT OF COMMITTEE ON MATERNAL WELFARE

A request was received through Dr. Adams for obstetrical information for the State Department of Highways and a letter was sent to Mr. Eldon Rowe, Chief Highway Patrol Officer,

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outlining the directions and instructions for highway patrolmen when a baby is born on the highway. This information has been sent by Mr. Rowe to all patrol officers with instructions that it be kept in a convenient place for reference if such emergency arises.

Mention is made of the cooperation between the State Maternal Welfare Committee and the State Department of Health relative to the changes in the birth and death certificates; as yet this work is not completed but we feel that much valuable improvement will be made when the Division of Birth and Death records and Vital Statistics of the Department of Health have completed this work.

RUSSELL J. MOE, M.D.

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY

Optometrists have been very insistent of late upon development of a system for testing the eyes of automobile drivers on the highways.

They have appeared before the Safety Council with their program and also before the Safety Division of the State Highway Patrol.

No action in favor of their program has been taken by either agency as a result of efforts of this committee and the State Office. We have been assured, in fact, that nothing of the sort would be approved or incorporated in their program.

Changes in the Drivers' License Law are being considered, however, and a sub-committee of the Committee on Traffic Legislation of the Minnesota Safety Council is now being formed which will consider all of the medical factors involved in safe driving. In connection with the formation of this sub-committee, Mr. W. F. Rosenwald, chairman of the Traffic Safety Section of the Safety Council has asked us to appoint an oculist to act as medical representative and as sole consultant on vision and eyes for that committee.

J. S. REYNOLDS, M.D.

REPORT OF THE COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

The work of this committee has been concerned entirely with the Coordinated Medical and Public Health Program which is now in its second year.

Subjects for the new year were chosen at a general meeting of committee chairmen and officers of the association and were designed to confine the fields of discussion within narrower limits than the subjects of the first year.

The same general plan has been followed as before in assembling materials for the monthly packets. Wherever possible, statistical studies have been supplied by the State Department of Health and these studies, based upon the latest figures available, have been among the most illuminating and valuable of all the contributions to our packets.

New and well-written popular pamphlets such as those prepared by the Metropolitan Life Insurance Company have been secured whenever they were available and appropriate reprints have been purchased from time to time from Hygeia.

Considerable material prepared for recent courses at the Center for Continuation Study has been made available through the courtesy of the Department of Postgraduate Education at the University of Minnesota. This material is new, comprehensive, and authoritative, and it has greatly enhanced the value of our packets. In addition to these sources of material we have drawn several times upon our members for material, some of which was prepared especially to cover some important phase of the month's subject.

It was possible to secure, also, the valuable compilation of the Vitamin series, published last year in the *Journal of the American Medical Association* for those who requested the December packet. The volume was contributed to the packet by Mead Johnson and Company, and the Committee wishes to express its thanks not only to this company but to all the above who contributed so much to the interest and value of the packets.

That the packet is popular is amply proved by the growing number of requests for it. The monthly average is well above 250, and February requests totalled 300, and March requests exceeded 400.

Requests for speakers on the subject of the month have been handled through the Speakers' Bureau. The offer which has appeared in the newspapers each month in connection with announcements of the program to provide speakers for any interested organization has met with a surprising response and every effort has been made to provide well qualified speakers.

A considerable amount of newspaper publicity has accompanied each change in program, in addition to the regular weekly news stories all dealing with phases of the subject and released from the State Office.

Inquiries about the program have been received from many quarters outside the state, and United States Public Health service representatives in Washington are watching its progress with interest. They have particularly commented on the fact that it represents a practical cooperative effort between the state health department and the physicians in which both unite in an effective program under medical sponsorship.

Judging by more than a year's experience with the program, as well as by the interested comments of these on-lookers, the Minnesota State Medical Association appears to be well on the way in this program to the development of a most significant and far-reaching program.

A. H. WELLS, M.D.

REPORT OF THE COMMITTEE ON DIABETES

I wish to submit the report of the Diabetic Committee for the year 1940.

The new pamphlet *HOW TO MAKE DIABETES HARMLESS* has been revised, and has been released from the press. There are many changes in this new pamphlet. The diets are more liberal in carbohydrates, and there is more specific information in regard to insulin reactions. We have definitely described the reactions caused by protamine zinc insulin in contrast to those of regular insulin.

ARCHIE H. BEARD, M.D.

REPORT OF THE COMMITTEE ON CANCER

The work of the Committee on Cancer has been largely advisory during the last year. The chairman has served on the Executive Committee of the Women's Field Army of the American Society for the Control of Cancer, has provided speakers for meetings held under the auspices of the Field Army, and has supervised and approved educational material distributed through the women's organization.

This general supervision of public education material on cancer serves to standardize and coordinate our teaching about cancer and to avoid unfortunate conflicts in statements which have been made by public speakers in the past.

The committee has also advised with the Committee in Charge of the Coordinated Medical and Public Health Program in preparation of material for the packet on Cancer of the Digestive Tract, the subject for the month of April.

Inasmuch as April is also the month of the annual membership drive of the Women's Field Army, this choice of subject is particularly opportune and should serve to emphasize in the public mind the close cooperation now existing between the physicians and the Women's Field Army.

The fact that more and more cancer cases are coming in the early stages for treatment is proof enough of the soundness of a program of public education in elementary facts about cancer. This program should be fostered in every possible way as one of the best means open to us for controlling the cancer scourge.

M. W. ALBERTS, M.D.

DR. LYNCH: In conformity with the request of the Committee on Deafness Prevention and Amelioration, of which Dr. Horace Newhart of Minneapolis is Chairman, the Reference Committee suggests that the name of the Committee be changed to Committee on Conservation of Hearing and also that the Committee be enlarged. This Committee is asking for continued cooperation with the Committee on Public Health Education. He also requests, and the Reference Committee agreed, that all or a part of a monthly packet should be devoted to the subject of conservation of hearing. If only part of a packet is used for this purpose, the other part might well be used for the subject of conservation of sight. Speakers for county medical society meetings will be provided by Dr. Newhart's Committee. The Reference Committee recommends that this report be accepted.

A little addition was made to the report of the Committee on Syphilis and Social Diseases by the Reference Committee, calling attention to the fact that the State Department of Health has offered to diagnostic laboratories throughout the state the opportunity to cooperate in a program for evaluation of serodiagnostic tests for syphilis. The results of the tests are to be confidential but members of this House should be informed of the plan. The Committee recommends that the report be accepted.

The report of the Committee on Vaccination and Immunization submitted is also recommended for acceptance. If the physicians themselves do not set a program of vaccination and immunization in motion, government agencies will come in and undertake the work. A tentative outline of procedure is supplied in the report. The Reference Committee recommends that Dr. Critchfield, the Chairman, be given an opportunity to present the program to the Delegates and pointed out the rising incidence of smallpox and the neglect of vaccination which has preceded and accompanied this increase.

Dr. W. W. Will then called for a supplementary report from Dr. Newhart.

DR. NEWHART: We bespeak the cooperation of all of you in bringing to the men in the individual county societies essential knowledge about the prevention of

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unnecessary hearing loss. It is only by this means that we can bring our membership up to date on certain fundamental principles, some of them learned only during the last few years. Most of us, even including some of our Otolologists, are today living in the horse and buggy stage and we must help our members bring themselves up to date before we can educate the public on these matters.

Dr. W. W. Will then asked for supplementary reports from Dr. D. W. Wheeler, Chairman of the Heart Committee; Dr. R. J. Moe, Chairman of the Committee on Maternal Welfare; Dr. J. S. Reynolds, Chairman of the Committee on Ophthalmology, and Dr. L. R. Critchfield, Chairman of the Committee on Vaccination and Immunization.

DR. L. R. CRITCHFIELD: The Committee on Vaccination and Immunization has made its first report to the House of Delegates. An outline for the County Medical Societies, who wish to carry on immunization campaigns against diphtheria and smallpox, has also been prepared for your approval. Before I read this outline to you, I should like to call your attention again to the fact that prevention of disease should be considered a community undertaking and responsibility. Doctors who do vaccination for fifty cents apiece in group immunization programs are performing a community service, and that fact should be clearly understood by the people of the community. If the work is done at these reduced fees in groups at schools and other convenient centers, there will be very little danger that people will confuse this community service with private practice in the doctor's office, and very little opportunity for the complaint, "You gave my child a vaccination for fifty cents, why should you charge me two or three dollars for some other hypodermic treatment?" In any case, vaccination and immunization of the children is a community undertaking in which many community organizations should cooperate, and which should be regarded by all as an essential part of the health protection of the community.

1. The local medical society should decide to institute and carry on a program of Immunization and Vaccination against diphtheria and smallpox. (*At a meeting of which advance notice is given to the members.*)

It is recommended that county organization be carried out in furthering the program. If several counties form one district a county club may be formed.

Some local newspaper publicity may be given to this action of the medical society.

II. The local medical society should appoint a Committee (*not temporary*) whose duties should include the following:

- A. Appraisal of number of children in the community.
 1. Those not immunized (*requiring immunization*).
 2. Those already immunized.
- B. Appraisal of resources for carrying on a program of immunization.
 1. Physicians—all members of the county society who so desire should be called upon. By making this an undertaking of organized medicine, a means of controlling cut-rates and chiseling is at hand.
 2. Lay assistance—Various agencies should be called on to assist in the Program—such as the Parent-Teacher Association, the Red Cross, the Legion Auxiliary, Civic Clubs, the County Public Health Association, etc. The decisions as to the number of organizations should be reached early, but all who are interested should be invited.
 3. Public Health agencies should include, State Board of Public Health, District Health workers, and Public Health nurse of the county.
 4. Centers for work if group immunization is carried out. (This must be decided by the society or by the committee.)
 5. Publicity—
 - a. For the immediate undertaking.
 - b. For general health education.
 - c. For the medical profession.
 6. Financial resources—It may be well to consider this phase of the problem when selecting lay aid.

III. The local medical society or its authorized Committee shall decide—

- A. Whether immunization shall be applied in groups or individually in physicians' offices.

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B. Immunizing material to be used—

1. smallpox—standard virus
2. diphtheria—
 - Plain (formalin toxoid) 3 doses at 1 month intervals
 - Alum toxoid 2 doses at 1 month intervals
 - Alum toxoid 1 dose
 - Alum toxoid 2 doses is, at present, considered to be the most effective material. (Comm. Evaluation of Administration Procedures—Am. J.P.H. March 1940.)

C. Age of children to be immunized—

1. Smallpox vaccination may be performed at any age.
2. The common practice at this time is to commence diphtheria immunization at 6 months of age.
3. It is recommended that a Program to immunize all children from 6 months to 10 years be undertaken at as early a date as possible. When this is accomplished, the effort required each year to maintain an immunized group will be much less.
4. Under 10 years of age 2 doses of Alum Toxoid one month apart are recommended.
5. Over 10 years of age 3 doses of (Plain) Formalin Toxoid one month apart are recommended.
6. The use of the Schick test may be dispensed with in group immunization work. It may be used for private patients if desired.
7. If a child has been immunized in infancy it is recommended that a single dose $\frac{1}{4}$ the size of the original immunizing dose be given when he enters school.

IV. The local medical group may request from this Committee a packet of materials used in various parts of the state including samples of letters, cards, etc., and suggestions for carrying on the program. The Minnesota State Board of Health will lend assistance freely in organizing a program.

V. Preliminary Contact work with lay groups includes—

1. Selection of lay assistance.
2. Assignments of locations and dates.
3. Publicity—
 - a. newspapers
 - b. schools
 - c. letters
 - d. blanks: 1. request for immunization (sent to parents).
 2. permanent records.

VI. Fee to be charged should be decided by local society. Refer to this Committee for suggestion as to fees.

VII. Set up for continuance of Immunization Program from year to year.

It appears to be true, at the present time, that group immunization has been more successful in reaching a high percentage of children in a community, than individual immunization. Nevertheless, some county societies are successfully carrying on Individual Immunization programs. It is evident that lay cooperation is most essential for the success of either method.

This Committee is prepared to render assistance to any local medical group who desire to carry on a thorough program of immunization, whether it be on a local basis or group basis.

Dr. W. W. Will: What do you wish to do with the supplementary report by Dr. Critchfield on Vaccination and Immunization?

Dr. T. H. Sweetser: Mr. Speaker. It seems to me that Dr. Critchfield's remarks represent a distinct change from the attitude of the Committee on Public Health Education on immunization and vaccination. If I remember rightly, the Committee on Public Health Education believes that preventive medicine should take a larger and larger part of the physician's time, but that all the work should be done, if possible, in the doctor's office. I recognize the difficulties involved in getting people to go to the private office of the physician for immunization in these programs. But it seems to me that a distinction should be made between the work that is done in these clinics and groups and the preventive work that is done in the private office of a physician, particularly the pediatrician.

Dr. W. W. Will: I wonder if there are any men here from the country who would like to talk about their experiences. I know that some of you have been asked to do this work for ten cents for vaccination and some for twenty-five cents. . . . If not, I will call on Dr. Barr to discuss the matter.

Dr. R. N. Barr: I think that most of you have heard Dr. Sogge tell how they have handled immunization in his county. Of course, anything that I may

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say on this matter represents only my personal reaction. We have checked through many reports, however, on immunization campaigns carried on in groups and otherwise, and we find that a much higher percentage of children is immunized under the group plan. I think we all recognize the importance of the question of contact between the individual physician and his private patients. The only solution I personally see for this matter is for the medical society to take up the immunization program as a part of its own program and as a part of its own contribution to the community health.

Beltrami County has done it for a number of years. They have charged a minimum, I believe, of fifty cents for each vaccination and seventy-five cents if a dose of toxoid is included. The funds thus earned went to the County Medical Society and the work was not done as a part of private medical practice. If the individual desires private service, he goes to the doctor's office and pays the regular fees. The result has been a very high percentage of pre-school and school children immunized against diphtheria and vaccinated against smallpox.

In many other communities, where there has been no comparable set-up, the doctors have got together and made plans but, unfortunately, two or three years have passed before they came to an agreement on the type of a program that they wanted to put on. And often it was not until the third year that the work was done. This is not a criticism of physicians but the fact is that the public is criticizing them because the large majority of our children is not immunized in Minnesota. The children are going to be immunized and it seems to me that the best solution is for the County Medical Society to do it. If the County Medical Society carries on a group program in the schools, then the work will be divorced from the individual practice of the physician in his office. Also there will be no question of cutting fees.

There are many other advantages in this type of program. In the first place, it does strengthen the relationship between the medical society and the people in the community. In addition, it puts a fair amount of money in the medical society's coffer to be used as the physicians see fit. Also it gives the County Medical Society leadership in this work and the State Board of Health and other groups, who are working for preventive medicine, can aid in the development of the program. It will put us in the position of helping the medical society to do the work. We should be able to provide sample cards, sample letters, and many other types of material to be used at the direction of the doctors in their own community. I think that it should be clearly understood that the State Department of Health does not wish to carry on these programs and will not do so in Minnesota. The physicians themselves must do this work.

DR. J. P. McDOWELL: We carried on the work in the schools in St. Cloud. Different doctors came out at different hours so that all had about the same amount of work to do. The money was turned over to the doctors who did the work, but the program did not reach the children in the country. I don't believe that we could get the country children in to be vaccinated and immunized unless we have a nurse or somebody to go out and round them up.

DR. E. S. PLATOU: I would like to say one word about this matter. Mr. Finke and his Division of Social Welfare are trying to decentralize the program of relief. It seems to me that this program of immunization should be decentralized in much the same way. The particular method to be employed in each community should depend largely on the conditions in that community.

The most important thing seems to me to be that we should coordinate all existing facilities to do this

work, and try to do it periodically, at the same time each year. These should be community campaigns, not state-wide campaigns. They should have the advice of the State Health Department and the County Medical Advisory Committees; of the County Welfare Boards as well. But every effort should be made to publicize the need of the thing to the people.

DR. L. L. SOGGE: I think the important thing, as Dr. Barr and Dr. Platou said, is to get the work done. Our Southwestern Minnesota Medical Society is composed of four counties, a medical club in each of these counties. Each of these medical clubs get together and agrees on the plan for our immunization program.

In our county, there are 3,500 students. The county was divided for the purposes of the program into twelve stations, and this year we put on our third vaccination and immunization program. We have reached about 78 or 80 per cent of the school population, and about 50 per cent of the pre-school population through these programs. We divide the work up among the doctors who are nearest the stations selected. For instance, the doctors in Westbrook take all the schoolhouses near Westbrook; the same plan being carried out with all the towns in the county.

A certain time is set and the doctor goes to the schoolhouse selected. Mothers of pre-school children are informed that they must bring their children to the school at that time.

We get the assistance of the Farm Bureau people, the Parent-Teacher Association, and the superintendents of schools. We meet with the teachers in the fall and tell them what we are going to do and ask their cooperation.

People who can pay the fifty cents apiece for each child; if they have both immunization and vaccination, they pay one dollar. Those who don't want to pay or cannot pay are cared for through the Red Cross. There are no "ifs or ands" about it. The teacher keeps the record. The doctors in the county have, on the average, made better than \$25.00 an hour for the time they have spent at this work. We feel that that is all the pay we farmer doctors are entitled to.

I want to call attention also to the program of Mantoux testing for tuberculosis that was carried on last week and the week before by Dr. Slater, who is our Superintendent at the Southwestern Minnesota Sanatorium. For this campaign, we had places selected in the county and all the children were brought to those places. We had a splendid response.

DR. D. S. BRANHAM: It seems to me that the children of indigent families and of recipients of Social Security Aid should be given immunization and vaccination if they wish to take advantage of it. These children form a large group in the rural areas, and I do not see why the county relief board should not be able to authorize a fee for immunization just as they authorize a fee for other medical attention. I think it would be easier to handle the people who can afford to pay if the relief group could also be immunized.

DR. B. C. FORD: It might be encouraging to some of the men here to know that we have been quite successful in our county in having this work done in the doctor's office. The record would show that we take care of nearly 80 per cent of the children and we get one dollar for each immunization and each vaccination. I think we reach a large percentage of the children out in the country as well as in the city. We have carried on this program for about five years. Our Parent-Teacher Association works with us very cooperatively and is very strong, and this may have attributed largely to our success.

DR. W. W. WILL: Mr. Rosell, our Executive Secretary, says that he will take up the matter of financing

immunization and vaccination for the relief clients with the Welfare Board.

It was moved, seconded and carried that the supplemental reports of the Committee on Vaccination and Immunization be accepted.

It was moved, seconded and carried that the report of the Reference Committee on Medical Education reports be accepted.

Dr. W. W. Will then called for the report of the Reference Committee on Miscellaneous Scientific Reports, of which Dr. A. E. Cardle of Minneapolis was Acting Chairman. The following committee reports were reviewed:

REPORT OF THE COMMITTEE ON INTER-PROFESSIONAL RELATIONS

The Committee on Interprofessional Relations had its first meeting this year in Minneapolis, January 26, 1940.

At this meeting were representatives from the Hospital Association; Pharmaceutical Association; Dental Association; Nurses and Medical Auxiliary. All representatives were enthusiastic over the idea of having close contact with the medical profession.

They all approved of having an opportunity of sitting in with representatives of the medical profession for discussion of matters common to all. Some of the problems of the various professions were discussed. Government control was one of the main topics of discussion. All seemed to agree that to prevent this was our greatest problem.

It was the hope of those present that this relationship of the various professions be made state-wide. At the Secretaries' meeting in St. Paul, February 24, 1940, this group met at breakfast and again discussed the same problems. We also listened to representatives from various parts of the state where such meetings had been held in the past.

A plea was made at this time for each county secretary to make an effort to get representatives of the various professions together in his locality for the discussion of these same problems.

It was decided at our meeting in St. Paul to send out a questionnaire and a group of suggestions to each county secretary for his guidance in establishing local interprofessional groups.

J. M. HAYES, M.D.

REPORT OF THE HISTORICAL COMMITTEE

Your Committee held one meeting last year at which the work of the Committee was discussed. No new work has been undertaken this past year except preparing the material on hand for printing in MINNESOTA MEDICINE. A committee at Rochester, however, is preparing a history of medicine in Olmsted and the adjoining counties which no doubt will be available sometime this year. Your Committee has on hand sufficient material to furnish copy to MINNESOTA MEDICINE for the next two years. A number of the members of the Association and others have sent in additions and corrections to the material already published which will, at a later date, be added to the history. For this we are grateful. Your Committee hopes that others may send in corrections or additions if other corrections or additions should be added. Questionnaires have been sent by the Secretary of the Association to each member requesting biographical information. About 800 of these have been returned. As this material will be of great use to future medical historians it is hoped that those who have neglected to return the material will do so.

The Committee wishes to call your attention not only to the historical material published in MINNESOTA MEDICINE, but also to that which has appeared in *Minnesota History* and the *Journal-Lancet* in the past and present year.

J. M. ARMSTRONG, M.D.

REPORT OF THE COMMITTEE ON MILITARY AFFAIRS

1. *Commissioned Personnel.* Physicians holding Army and Navy Commissions in the State as of recent date are as follows: Army—608; National Guard—21; Navy—51. This is slightly below the number of last year.

2. *Legislation.* During the past year, training for 50 flight surgeons, five from each Corps Area, and five from the Surgeon General's Office has been made possible. This provision is a decided step in the right direction as in the Annual Report of 1938, there were very few Medical Reserve Officers being trained who had completed the required correspondence courses necessary for appointment to a flight surgeon training school. Several schools have been established for such training since the last report.

The War Department has recently announced the appointment of 30 medical reserve officers for commission in the Medical Corps of the regular army as a result of examination held in December, 1939. There is a definite shortage of medical reserves for active duty service and for that reason there should be efforts to enlist the interest of recent graduates of the medical schools to take out commissions.

CCC Medical Reserve Officers serving with CCC units since December 1, 1939, have had a change of status from Reserve Officers to that of a civilian. However, the physician must be recruited from the Medical Reserve Corps so far as possible.

The number of CCC Companies have been reduced, yet Army authorities have had difficulty in supplying the existing units with medical personnel.

There are two bills to be presented at this Congress regarding first, uniform allowances, and second, pay allowance for inactive status training. These bills, especially the latter one, should have the support of all medical societies as under the existing law no provision is made whatever for compensating Medical Reserves who wish to attend Inactive Status Training Units at which military medicine is emphasized. The officers not only sacrifice their practice but incur additional expense in justice to their patriotic duty the Government could well afford to show its appreciation by contributing an allowance to offset their outlay of expenditures.

3. *War Department Ruling regarding Appointments.* By a recent enactment of the War Department, all appointments have been discontinued except in the Medical Service and Air Corps.

4. *Activities.* The Eleventh Annual Medical Military Inactive Status Training Unit was held in Rochester under the auspices of the Mayo Foundation from October 8 to 22, 1939. The School was well attended, 269 officers registering from 45 States. The principal instructor of the school was Colonel Kent Nelson, The Surgeon Seventh Corps Area, Omaha, Nebraska. The instructor for the navy was Captain Ernest W. Brown, Medical Officer of the Navy Yard, Brooklyn, New York.

F. L. SMITH, M.D.

REPORT OF THE COMMITTEE ON FRACTURES

A Committee on Fractures of the Minnesota State Medical Association has now been appointed each year for several years and is considered as a necessary committee in our organization. The fracture problem is important for several reasons. Fractures are on the increase and will probably continue so as the speed of our existence increases. With the increase in the number of fractures and the increase in the general knowledge of fractures there is an increase in the public's expectation and demands from our profession in the treatment of fractures. When we recall the teaching in fractures which we received in medical school we have to admit that our knowledge of fractures has for the most part been gained since graduation. In addition there is a continuous improvement in our knowledge of fractures, and inasmuch as fractures occur everywhere and at all times it is important that the State Medical Associations endeavor to meet the demands of the fracture problem through a permanent set-up as the Committee on Fractures.

The Committee on Fractures for 1940 has been greatly enlarged. There has been at least one member appointed from each of the component medical societies of the State Medical Association. It has been the intention to have a local committee on fractures appointed in each of the component medical societies. The members of these local committees are chosen from those who are interested in fractures and who are also willing to work as members of the local fracture committee. Where the component medical society comprises more than one county it is hoped that there will be at least one member representing each county and similarly that there will be a member representing each of the larger communities in the different counties. The chairman of each of the local fracture committees should logically be a member of the state fracture committee.

The work of the State Committee may be divided into two parts. The first part has to do with the annual meeting of the State Medical Association. It may arrange for papers on fractures to be presented by members of the State Medical Association at a symposium on fractures which may be presided over by the chairman of the State Committee. The Committee may arrange for an address on fractures to be presented by a speaker from outside the state. The Committee may also arrange for an exhibit on fractures to be presented at the annual meeting of the State Medical Association, this exhibit to be preferably arranged by the local committee of the county entertaining the state meeting. At this exhibit first aid and transportation methods of handling fractures of the long bones and of the neck and spine should be presented for some years to come. Methods of studying fractures with the x-ray may be presented. Equipment for the treatment of fractures in hospitals particularly and also in offices and homes may be presented. Anatomical problems connected with fractures may be shown. Pathological studies may be presented. Physiotherapy exhibits may well be placed near the fracture exhibit. Methods and results of treatment of special fractures may be exhibited. Individual fracture exhibits may be encouraged and placed next to the committee's exhibit. Also the Committee may arrange a moving picture exhibit on fractures. There is one movie recently purchased by the State Association on "First Aid and Transportation of Fractures of the Long Bones." Another available movie on "First Aid and Transportation of Fractures of the Neck and of the Dorsal and Lumbar Spine" could be advantageously shown. Other movies of fracture subjects are obtainable.

The State Committee on Fractures could hold two committee meetings each year. One meeting should be held early in the year shortly after the Committee is appointed, and the second meeting could be held as a breakfast meeting during the annual meeting of the State Association. At the first meeting the duties of the Committee could be discussed and planned, and at the second meeting, reports of progress and experiences could be presented.

The second part of the work of the State Committee consists of the work of the individual members on the Fracture Committee in each of the component medical societies. Too

often the bad results obtained after the treatment of fractures are the result of several different factors over which the doctor may have no control. The medical profession is often criticized for these bad results and malpractice suits occasionally result.

The local Fracture Committee could arrange an annual meeting of the component society devoted to fractures. The following subjects might be presented at such a meeting:

1. "First Aid and Transportation of Fractures of the Long Bones."
2. "First Aid and Transportation of Fractures of the Spine."
3. "The Diagnosis of Fractures With the X-ray."
4. "The Minimal Equipment for Hospitals Caring for Fractures."
5. "Anatomical Problems Occurring in Certain Fractures."
6. "Pathological Problems Occurring in Fractures at the Time of Injury and in the Process of Healing."
7. "The Treatment of Individual Fractures."
8. "The Treatment of Compound Fractures."

When a patient receives good first aid and good transportation with proper splinting and the doctor has only to treat him for the damage produced at the time of accident he can get a better result in the treatment of the fracture. The local Fracture Committee may obtain from the State Medical Association the 16 mm. movie film demonstrating the application of traction splints for first aid and transportation of fractures of the long bones. Also the State Medical Association will soon have available a movie film demonstrating the handling of fractures of the cervical spine and also of the dorsal and lumbar spine. These movies could not only be shown to the members of the component medical society at the annual fracture meeting, but they could be shown to lay groups such as the Boy Scouts, Girl Scouts, Red Cross groups, policemen and firemen, highway patrolmen, ambulance companies and undertakers who operate ambulances, to first aid groups in industrial organizations and to general groups such as church organizations, lodges and local movie houses. The splints are obtainable from one of the ambulance companies in Minneapolis, and it is advisable to place them in as many places as possible where they may be of service. It is also advisable to place them in local hospitals for exchange when splinted patients are brought in. For this reason the splints should be standardized and inexpensive.

If the doctor is given a patient who has received good first aid and transportation, and if he is also given a proper set of x-rays of the fracture giving him the diagnosis in an understandable manner he can treat the fracture better and get a better result. A set of instructions for the guidance of technicians for the proper x-raying of fractures from a surgical standpoint is available. These instructions tell only the number and direction of the required views, the size of films to be used in order to show a proper amount of the skeleton which may be involved in the different common fractures, when to use the Bucky diaphragm and when to use stereoscopic views in order to give necessary diagnostic assistance from a surgical treatment viewpoint. The local Fracture Committee could endeavor to get such standardized instructions into the hands of x-ray technicians in their respective areas.

When the doctor has a fracture which has been given good first aid and transportation and which has been adequately x-rayed and when he has the necessary equipment with which to treat his fracture in the hospital he is well on the way toward getting better results in his fracture treatment. The local Fracture Committee can study the facilities in the various hospitals in their respective areas and make recommendations as to equipment which should be available. This should include good plaster, equipment for overhead suspension of fractures, for skeletal traction, portable x-ray equipment, inexpensive splints for upper and lower extremities, and a Gatch bed for the reduction of fractures of the spine. Demonstrations in the use of this equipment could be presented at the annual meeting of the component medical society and at hospital staff meetings and other medical meetings.

At the annual fracture meeting of the medical society, different papers on the different types of fractures could be presented by the different members, and also an outside speaker might be obtained as was done at the March meeting of the Hennepin County Medical Society which was devoted to fractures. There are two related subjects which could be profitably presented. A paper on anatomical problems arising in the treatment of fractures might be very valuable. The pathological conditions arising at the time of injury and the pathology of the healing of fractures is a subject which is receiving increased interest and attention.

The fracture problem is one of the most serious that is confronting the medical profession today, and the number of cases will not only not be reduced but will probably be increased so long as the speed of our existence is increasing as it is today.

The treatment of fractures at the present time is largely a postgraduate problem. Annual meetings devoted to fractures in the county medical societies and frank discussions of the problems connected with the treatment of fractures should reduce the number of malpractice cases which are too frequently arising. The bad results, which cause malpractice cases are too often the result of factors which were beyond the control of the doctor treating the patient. If the local Fracture Committees could eliminate these factors in their communities they would not only improve the welfare of the people in general, but they could also improve the general status of the medical profession. In that connection Dr. Adams has stated

that active efforts on the part of the local Fracture Committees should furnish one of the best answers to those who would advocate socialized medicine.

The first problem of the State Fracture Committee and of each local fracture committee is to see that every fracture case anywhere in Minnesota gets good first aid and transportation no matter where the accident takes place, that satisfactory diagnostic x-ray pictures are taken and that all hospitals have a minimum standard equipment for the treatment of the more common fractures.

R. C. WEBB, M.D.

REPORT OF THE COMMITTEE ON INDUSTRIAL HEALTH AND OCCUPATIONAL DISEASES

This new Committee was appointed by President B. S. Adams to study the above named fields. Several members of the Committee attended the 2nd Annual meeting of the National Committee of the same name held under the auspices of the American Medical Association at Chicago in January, 1940. Dr. Carl M. Peterson, National Secretary in charge of this work visited the State February 24 and discussed this field with other members of the Committee.

A meeting of the Committee together with Mr. F. Manley Brist, Dr. A. J. Chesley, Dr. R. N. Barr and other interested officials was held in the Saint Paul Hotel March 30. A report of that Committee meeting is appended. It is felt that the Committee has made a good start, but no definite recommendations can be made without further study. This will be followed through and reported on by the end of the year.

J. LAWRENCE McLEOD, M.D.

Extract of Minutes

The Committee on Industrial Health and Occupational Diseases meeting, March 30, 1940, St. Paul:

Need for this Committee to study occupational diseases is shown in the large number of lawsuits started in St. Louis County pertaining to silicosis in which doctors have been testifying on opposite sides. As a result, juries do not consider the testimony of the doctors at all. A committee to study the occupational diseases and industrial hygiene of the state would tend to clarify this situation.

It was pointed out that there are 34 different types of conditions in the law of Maryland which the Minnesota law does not cover. Also that ten per cent of lost time in industry was caused by accidents and the balance by illness.

The functions of the Committee were outlined as follows:

1. To study occupational diseases from both the legal and the legislative angles.
2. To stimulate interest of the various industries in the study of practice of industrial hygiene.
3. To try to provide for the proper training of medical men so that they may be ready when they are needed.

Attorney F. Manley Brist pointed out that the Minnesota law does not define compensable occupational diseases, but if a person has a condition that was made worse for the first time through industry, he is entitled to compensation. A state law was passed in 1939 providing for the study of occupational diseases and provided also for the report of accidents by physicians to the State Board of Health.

A study, under the title of "Casual Inspection Survey of Industry" is now being made by the State Board of Health. This study will be made available to committees and other groups for the purposes of investigation and for correction of the condition revealed. The report will not be available for any lawsuit of any kind, or for any court. It is hoped that this study by the State Board of Health will be complete by the first of September.

Most of the diseases that are compensable in the state of Minnesota are rare and uncommon, with the exception of Lead poisoning, Dermatitis, Undulant fever, Ringworm, Tuberculosis and Silicosis are also prevalent in Minnesota. In the course of a discussion on the relation of periodical physical examination to industrial hygiene, it was pointed out that several companies in the mining district, notably International Harvester Co., Pickands-Mather and Butler Brothers—are making physical examinations of their employees at the expense of the company. Each man is examined physically each year and during every third year an x-ray film is made of his chest to guard against Silicosis. It was suggested that the whole subject of compulsive physical examination for employees be approached carefully because of the labor situation and the danger that many men might not be hired, especially men over forty if the laws are drawn too strictly.

Compensation has done more, in the opinion of Dr. B. S. Adams, to prevent accidents than anything else in history.

Dr. A. J. Chesley, Secretary of the State Board of Health, offered to secure a study of the industrial laws in the various states for the use of the Committee; also copies of the Minnesota Occupational disease law. He hoped also to be able to furnish the committee with copies of the history of the compensation laws of Minnesota.

It was agreed that the biggest problem was the proper method of preventing occupational diseases.

It was suggested that the Committee work with the State Board of Health to teach both the employer and the employee how to prevent conditions which lead to accidents and disease in industry. A suggestion was made that every physician in the state should report any occupational disease treated which he felt might have arisen out of industry to the State Board of Health. Thus the State Board of Health could make an intelligent study and appropriate recommendations.

The meeting adjourned.

REPORT OF THE COMMITTEE ON PSYCHOPATHIC PERSONALITIES

The Committee for the Study of Psychopathic Personalities has not had any meetings since its formation for the reason that the Minnesota Bar Association has not yet appointed their committee. It was agreed that when the President of the Bar Association appointed his committee your chairman would be notified and a joint meeting would be held. Your chairman interviewed Assistant Attorney General Mr. Kent Vandenberg on several occasions and Mr. Vandenberg intends to communicate with the President of the Minnesota Bar Association relative to the appointment of a committee to work with your committee on the question of psychopathic personalities. At that time some of the controversial aspects of the psychopathic personality laws which now exist will be discussed and possible remedies formulated.

GORDON R. KAMMAN, M.D.

DR. A. E. CARDLE: The Committee has reviewed the reports included under this heading and wishes to report the following:

Committee on Interprofessional Relations: This is an important function of our State Medical Association inasmuch as it serves to bring in closer harmony the Hospital Association, Pharmaceutical Association, Dental Association, Nurses and Medical Auxiliary. They have considered the problems which are directly related and it is hoped that this Committee will persist in their efforts to bring these groups in closer harmony with one another.

Historical Committee: It was the consensus of the Reference Committee that this is an extremely important part of the activities of the State Association. It is our recommendation that the interest which has already been shown be continued and, if the members of the State Association have any material on hand which would be of interest to this Committee that they send it to the Committee. The work that they have done appeared to be more or less restricted to certain interested members in certain localities and it is hoped that at some future time a definite organization may be set up which may start a history of medicine in Minnesota as a whole.

Committee on Military Affairs: The report of this Committee shows that in Minnesota there is a total of 608 commissions in the army, 21 commissions in the National Guard, and 51 commissions in the navy. Since legislation is being considered from time to time in regard to military matters, we wish to recommend to the Committee that they keep in active touch with such legislation and activity which may be of value and interest to the State Association.

Committee on Fractures: The Reference Committee wishes to give this report special commendation. It shows the result of marked activity on the part of the Chairman, Dr. R. C. Webb, and members of the Committee. We wish to recommend that this report be read by all the members of the Association, and as a medium of doing it, we would suggest that this report be published in detail in MINNESOTA MEDICINE. Also we would like to suggest that this report serve as an example of what various committees might do.

We regret that there has been no report from the Committee on Asphyxia and Asphyxial Deaths. More and more interest is being shown in this matter in various states and localities, and it is to be hoped that Minnesota will progress with the times and will realize the importance of these diseases.

Committee on Industrial Health and Occupational Diseases: Dr. Horace Newhart, who is Chairman of the Committee on Conservation of Hearing, visited the Reference Committee in person and wishes to recommend that they consider the importance of hearing in industry. Industry and the medical profession have been slow to accept any specific method of testing for hearing and much disability has resulted. Other

states are showing great activity in this matter, and Minnesota must keep pace. We hope that this Committee will consider this point and so do something along these lines.

The Report of the Committee on Psychopathic Personalities: The Committee is working closely with the Bar Association and awaiting such time as it can meet with the association and review some of the controversial aspects of the Psychopathic laws which now exist. We hope this Committee will continue this activity.

The Reference Committee wishes to thank the various chairmen and their committees for their interest and work during the past year.

It was moved, seconded and carried that the report of the Reference Committee on Miscellaneous Scientific reports be accepted.

Dr. W. W. Will then asked for the report of the Reference Committee on the reports of the Officers and Council. The following reports were reviewed:

REPORT OF THE SECRETARY AND EXECUTIVE SECRETARY

The Minnesota State Medical Association has made definite progress in many directions during 1939 and 1940.

Membership has increased substantially this year with the total of 2,449 on April 4, 1940, as compared with 2,323 on the same date last year, and dues have reached the State Office more promptly this year than last, thanks to the assistance and fine cooperation of secretaries all over the state. The early date of the 1940 meeting and the fact that the roster was published, as a consequence, a month earlier than usual made this cooperation on the part of county society officers especially welcome and greatly appreciated by the State Office staff.

Finances

The finances of the association will be reported in detail by the treasurer but it is surely worthy of note, here, also, that the end of 1939 found us with a substantial surplus in spite of the fact that it was necessary to pay the Social Security taxes covering the entire period since passage of the Social Security law, this year. The care exercised by all Committees to live within their budgets has contributed greatly to this achievement.

Annual Meeting

It may be of interest to point out, also, in this connection that last year's meeting, held in Minneapolis, paid for itself with a net profit after all expenses, not only of the scientific sessions, but of the public health exposition had been paid. It was unnecessary, therefore, to use any of the money which has always been set aside out of the general funds for that purpose. Accounts have not yet been fully settled for the Rochester meeting, but the probability is that a profit will accrue to the association from this meeting also. Attention of all the members should be called to the fine technical exhibit section which presents many new exhibitors this year and which makes possible these fine meetings at no expense to the association. Members are urged to investigate all exhibits and discuss the products displayed with firm representatives.

Social Security Status

A word of explanation about the status of the association in relation to the Social Security taxes might be of interest here. The Minnesota State Medical Association, together with most of the state medical associations of the country and the American Medical Association, has been held liable for Social Security taxes on the ground that, although it is undoubtedly an educational institution, it cannot be called a non-profit institution because membership yields a definite and demonstrable benefit to its members. Since it has been held liable for the Federal Social Security tax, it is also liable for state Social Security taxes, including the unemployment insurance tax. The taxes have been paid under protest pending final disposition of an appeal to change the ruling.

Increase in Office Space

In connection with this discussion of association finances, something should be said, also, about the increase in office space which was approved by the Council at the beginning of the year. An additional office unit has been acquired and alterations have been made to provide a new and enlarged committee room, enlarged files, work space, and store room. The enlarged storage space has permitted us to purchase office supplies in large enough quantities and at sufficient savings to cover the increase in rental.

The increased work space and filing facilities were necessitated by the expanded program which was undertaken at the direction of the Council this year. Details of this program are given in reports of the various committee chairmen. It is reviewed here, briefly, in order to give a general picture of the scope of our work in Minnesota.

PROCEEDINGS EIGHTY-SEVENTH ANNUAL SESSION

Coordinated Program

The Coordinated Medical and Public Health Program got off to an auspicious start last year and is now a major part of our regular activities. Between 300 and 500 packets are now sent out on request each month, and requests for speakers on the subject of the month are more and more numerous. Many of the latter are filled from the State Office through the Speakers' Bureau. Many others are made direct to members throughout the state. In addition, the regular weekly news releases of the association have been directed exclusively to the subject of the month and the radio broadcasts by the association's radio speaker, Dr. W. A. O'Brien, have been largely directed to the same subject.

In connection with the radio broadcasts, an experiment is now underway by which copies of Dr. O'Brien's talks may be made available eventually to any one who wishes to send 10 cents to cover mimeographing and mailing. If the experiment should prove to be successful, this service will be added to the regular program of the association.

Thus education on these subjects is reaching to the far corners of the state and to a large number of people. Even more important, in the opinion of many observers, the packet provides a very practical and important aid to the postgraduate work of the association. The effort of the committee in charge to provide in each packet some new and important scientific information, much of which is not yet available in the literature, is especially noteworthy. Also the fine statistical studies provided by the Minnesota State Department of Health have brought a service which was never before available in this form to our members.

A large number of requests for packets and information about the program have come from representatives of the United States Public Health Service in Washington and from other large foundations and institutions who are interested in health and postgraduate education. Many have offered pertinent suggestions and constructive aid.

Speakers' Bureau

Expansion of the Speakers' Bureau has followed inevitably upon the development of the subject-of-the-month program. Many new speakers have been added to our list of qualified lecturers and much additional material has been added to our speakers' library. Included in this new equipment is a new 16 millimeter motion picture projector and screen and a stereopticon. New motion picture films are being added to the library also, notably a film on first aid in the handling of fractures of the long bones. This new aid to speakers will be expanded.

College Lectures

The College Lecture Course, which continues each year as a Speakers' Bureau activity, has been highly successful this year judged by the enthusiasm displayed by college authorities who reported to the State Office at our request on the lectures and their reception. Two lectures are offered each college during the year and a choice of eight subjects with four lecturers for each subject. As far as possible, each college picks its own lecturer as well as subject. All bookings and other arrangements are carried on by the State Office staff as part of the regular office routine. It is of interest to note that by far the most popular subject offered this year was "Mental Hygiene for College Students" though all of the subjects were selected by one or more colleges.

Talks on Government Medicine

Other requests made through the state office for speakers reflected the overwhelming interest of women's groups, luncheon clubs, and others in the general subject of Government Medicine and the National Health Program in particular. Securing speakers and material for speakers on this subject alone meant a substantial addition to the work carried on in the office. A special packet of material from various sources was gathered for this purpose and is being constantly added to and brought up to date.

The most recent addition to our Minnesota material on the subject was prepared in the office at the request of the State Federation of Women's Clubs in the form of a brief which should present the attitude of physicians and public health officials of Minnesota toward the proposals of the Wagner Health Bill of 1939. It was designed as an answer to another brief urging the necessity of the Wagner Health Bill and the National Health program which is being distributed through the League of Women Voters to the women of Minnesota.

News Service

The regular newspaper health service of the association which has long taken the form of a short weekly news release issued to country newspapers, through the Minnesota Editorial Association, by the Committee on Public Health Education, is about to be converted into a Question and Answer Service for the same newspapers. This change is being made in response to the request of many individual newspapers and of the committee of the editorial association appointed to keep a contact with our association. The development of the new service will entail considerable additional work in preparing copy and authoritative answers to readers' questions.

Radio

The radio program, long confined to the weekly broadcasts over WCCO will be expanded shortly to provide for a different type of program, possibly of the round table type over KSTP and its affiliated Minnesota stations. Details of the new program have not yet been fully worked out, but a promise of

time for the purpose has been secured from station officials. In the meantime, it is gratifying to note that Dr. O'Brien's broadcasts are now carried also by WLB and KDAL, Duluth.

Medical Service for Welfare Clients

An important part of the work of the State Office and the executive secretary has been, for many years, the close contact maintained with state and government agencies of all sorts, so many of which are now concerned in some manner with the delivery of medical care.

It is interesting and very encouraging to note the important rôle now being assumed by our committees in this work and in the actual functioning of many public welfare programs.

The handling of medical care for relief clients and for recipients of the social security aids is now, to an important degree, in the hands of our own committees and representatives.

The handling of all medical problems connected with public welfare has undergone re-organization with the establishment of the new Department of Social Security under which the Division of Social Welfare, directed by Mr. Walter Finke, now correlates all categories of relief and aid.

New Status for Committees

As a direct result of Mr. Finke's expressed determination to seek the aid of physicians in all matters relating to medical care, a medical advisory committee was appointed from among nominees made by the Council. This committee now meets regularly as an adjunct to the State Division and works out all regulations with Mr. Finke. Similarly, the county contact committees, established some years ago to assist in the handling of local relief problems, have been revived and given an official status as advisory committees to each County Welfare Board. The boards have been urged by the State Division to use these local advisory committees as closely as Mr. Finke and his aids now use the state committee.

Out of this new approach should develop a better plan and better working cooperation between physicians and welfare officials than ever before existed in Minnesota. It is noteworthy that as much is expected in the way of understanding and cooperation from the physicians as from the officials who carry responsibility for authorizing funds. The willingness of physicians to cooperate in these matters has long been in evidence in Minnesota.

The principle of free choice of physician for which this association has always stood has been challenged in several quarters this year. The handling of this matter has taken a great deal of the time of our attorney, Mr. F. Manley Brist, who has spent many hours with the State Office and in the courts defending the principle as it operates in Workmen's Compensation Insurance, in contract practice, and in medical care for relief patients. Pressure is being brought to bear, of course, by a number of organized groups to do away with free choice as it applies to several types of patients. The importance of this matter to everyone in the practice of medicine is obvious.

Farm Security Plan Rejected

No cooperative plans for medical care of Farm Security Administration clients have been inaugurated as yet in Minnesota. With the consent of the Committee on Low Income and Indigent Problems which has had the government proposals under consideration for some time, one county society gave the matter considerable study, however. Administration representatives urged adoption of a plan in the county in question but eventually the members voted against it. Nowhere in Minnesota was any need demonstrated that would justify experiment of this sort. The collapse of Dakota plans and the dissatisfaction with the working of similar plans elsewhere has entirely justified this attitude.

Malpractice Insurance

Under the direction of the Medical Advisory Committee, the executive secretary has continued to assist in the investigation of the malpractice situation in Minnesota. Complaints have been quite general during the last few months concerning certain additional premiums for malpractice insurance that are being asked by one company and concerning changes in coverage announced by another. The complaints have promoted the Council to order a thorough study of all malpractice policies offered physicians in Minnesota by Mr. Brist. Mr. Brist will report on this study to the delegates at this session, and the delegates, it is hoped, will adopt some definite recommendation on the basis of it.

New demands are made constantly on the resources of the State Office and on the time of the secretary and staff. These demands could not be met without the most generous cooperation and assistance from all of our committees and officers and from our county and district secretaries. They could not have been met, either, without the loyal cooperation of the members of our office staff all of whom have taken a personal interest in seeing that the work of the association is carried on.

We do not know what new developments in Washington may bring us in the way of national legislation or of altered relations between physicians and the government. We do know that in Minnesota the doctor is still a trusted public servant, a leader in his community, a professional man whose word is still heeded where the welfare of the public is concerned.

There seems to be no reason why this fortunate status should change provided we continue as individual physicians and as an association to assume our share of the responsibility for the health and welfare of the people of Minnesota.

H. B. SOUSTER, M.D., Secretary
R. R. ROSKILL, Executive Secretary

PROCEEDINGS EIGHTY-SEVENTH ANNUAL SESSION

REPORT OF THE TREASURER

The attached statement of cash receipts and disbursements for the year which ended December 31, 1939, was made by Shannon and Byers, Certified Public Accountants, who finished auditing the books of the association, February 24, 1940, and found them to be correct in all respects.

It will be noted from this statement that the finances of the association continue in excellent condition.

The year 1939 was a legislative year, and in spite of the heavy extra expense always incurred during a legislative year, there was a surplus on December 31 of \$5,038.34.

Special mention should be made of the fact, also, that the Herman M. Johnson Memorial Fund is not included in the above mentioned surplus. This fund of \$2,000 plus the accrued interest is held in a separate account under the special jurisdiction of the Council.

Delegates and members are urged to study this statement carefully for a better understanding of the administration of association affairs.

W. H. CONDIT, M.D.

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1939

CURRENT FUNDS	
CASH ON HAND, DECEMBER 31, 1938:	
American National Bank, checking account	\$ 3,692.97
American National Bank, savings account	26.28
American National Bank, Exhibit checking account	493.87
American National Bank, Exhibit savings account	2,264.78
Farmers & Mechanics Bank, savings account	5,075.32
First National Bank, savings account	64.93
	\$11,618.15
CASH RECEIPTS, YEAR 1939:	
Dues collected:	
For year 1938 and prior	\$ 105.50
For year 1939	32,703.00
For year 1940	4,605.00
	\$37,413.50
Technical exhibit rentals collected:	
For year 1939	\$ 5,298.50
For year 1940	2,807.50
	8,106.00
Annual meeting, luncheons	566.75
Annual meeting other	398.97
	965.72
Publishing Co. (Bruce) (Minn. Med.)	934.76
Interest on Savings Accounts	159.15
Telephone Co. refund	145.04
Postage refunds	106.79
Salary advances repaid	75.00
Public Policy Committee	69.32
Public Health Education Committee	38.00
Diabetes Booklet sales	85.97
Hospital & Medical Ed. Committee	16.50
Office supplies refunds	55.73
Sundry items	5.00
Total receipts	48,176.48
	\$59,794.63
CASH DISBURSEMENTS, YEAR 1939:	
Special committees:	
Historical	\$ 4.10
Hospital & Med. Education	42.00
Medical Economics	521.88
Public Health Education	2,952.56
Public Policy	9,072.92
Radio	405.00
Unbudgeted	297.90
Conferences and Meetings:	
Technical Exhibit & Annual Meeting	7,695.31
A. M. A. Delegates	141.70
Council	344.78
County officers' meeting	403.36
	\$21,881.51
President's contingent fund	102.64
Membership expense	233.47
Office equipment	973.79
Minnesota Medicine	4,834.50
Dues refunds	38.00
Diabetes booklets	3.14
Transfer to permanent investment	4,000.00
Administrative:	
Executive Secy's salary	4,500.00
Executive Secy's expenses	1,281.70
Office salaries	5,085.00
Office supplies	598.73
Postage	506.79
Telephone and telegraph	346.00
Miscellaneous expense	230.42
Audit and insurance	287.73
Periodicals	82.17
Office rent	960.00

Social Security Taxes	1,981.35
Secretary's salary	100.00
Secretary's expenses	138.12
Treasurer's salary	100.00

Total disbursements 48,265.06

CASH ON HAND, DECEMBER 31, 1939:	
American National Bank, checking acct.	\$ 2,358.58
American National Bank, savings acct.	18.89
American National Bank, exch. chkg. acct.	2,646.50
American National Bank, exch. savings acct.	1,290.35
Farmers & Mechanics Bank, savings acct.	5,177.59
First National Bank, savings acct.	37.66
	\$11,529.57

REPORT OF CHAIRMAN OF THE COUNCIL

At the time of the annual meeting of 1939, four sessions of the Council were held. The important features of two of these were reported to the House of Delegates. However, it may be of interest to review some of the actions taken at the meetings of June 1 and 2 which were not reported. These meetings were held chiefly in connection with the State Board of Health and finally led to the approval of the suggestions of the State Board of Health in connection with the following points: (1) That free drugs for the treatment of venereal diseases be supplied only to those who are financially unable to pay for them. (2) That standardization of the laboratories of the state did not seem to be necessary at the present time although it was regarded that standardization should be an optional matter in the future with the assistance of the laboratory of the State Board of Health. (3) That no venereal disease clinics need be established in Minnesota at the present time. (4) That the policy of treating venereal disease in the private office of any duly licensed practitioner be approved.

Close cooperation between the Minnesota Public Health Association and the Public Health Education Committee of the State Association was urged with expenditure of necessary funds by the Chairman of the Public Health Education Committee on the approval of the Chairman of the Council.

During the year meetings were held September 3, 1939, November 26, 1939, and February 23, 1940. The meeting of September 3 was again held chiefly in connection with the members of the State Board of Health. It was pointed out by Dr. Chesley that under H. R. 6635 an amendment to the Social Security Act, an additional appropriation of approximately \$10,000 would be allotted to Minnesota for the fiscal year of 1940 and the wise expenditure of funds was the chief topic of consideration with special reference to pneumonia, cancer, malaria, industrial hygiene, dental hygiene and tuberculosis.

It was stated that there had been some desire on the part of the Federal Administration to place the activities in industrial hygiene under the Department of Labor rather than the Public Health Service. This has been opposed by the State Boards of Health, the American Medical Association and the American Public Health Association. There has also been pressure from the Federal Administration to provide specifically for medical care for maternity cases and children in selected areas. Dr. Chesley, as you know, opposes any extension of medical treatment by State Boards of Health. Activities and expenditures in connection with the various diseases mentioned were considered in detail and the utmost cooperation between the State Board of Health and the Council was evident.

The urgent necessity for vaccination and immunization campaigns, especially in rural districts, was discussed and referred to a committee for definite action.

The College Lecture Course for 1939 and 1940 was approved. The report of the Committee on Industrial Relations in connection with the situation in St. Paul was accepted and the Council reaffirmed its former stand in favor of free choice of physician in compensation cases. This report of the Committee on Industrial Relations gave in detail the activities of the St. Paul City Council in connection with the so-called "five doctor panel plan" for the treating of all city employees and explained the opposition of the Ramsey County Medical Society and the St. Paul Trades and Labor Assembly to this panel. The filing of a brief on the case by the State Medical Association "as a friend of the court" if it should be necessary was approved by the Council. Dr. Adson explained the case of the Eagles Fraternal Order of Austin versus the Mower County Medical Society (for comments on this see the report of the Council of the First District). This case, involving the question of the practice of medicine by the Eagles Lodge, is of such importance as a precedent that the Council voted financial assistance to the Mower County Medical Society if it should be necessary in the event that the case be carried to the State Supreme Court or the United States Supreme Court. So far the expense has been assumed by the Mower County Medical Society.

It was decided to approve of a Pilgrimage and Memorial Service in honor of Dr. W. J. Mayo and Dr. C. H. Mayo, to be held October 27 in conjunction with a meeting of the Alumni Association of the Mayo Foundation. This was later carried out as planned and proved to be a very effective ceremony.

The Distinguished Service Medal of the Association and Citations were awarded to Dr. W. J. Mayo and Dr. C. H. Mayo and Dr. H. M. Johnson. These were presented at the time of the Fiftieth Anniversary of the founding of the Medical School.

PROCEEDINGS EIGHTY-SEVENTH ANNUAL SESSION

At the meeting of November 26, 1939, the finances of the Association were given special consideration. Two budgets for 1940 were presented, one based on the present program and the other on an enlarged program of activities. The program calling for increased activities was adopted in view of the surplus of 1938 and the apparent surplus of 1939. It will be remembered that at the end of 1938 \$4,000 was transferred to the permanent investment fund of the Association and it seemed wise to increase the activities of the Association rather than to place so large a portion of the surplus into a permanent investment account. This enlarged program necessitated additional office space which has now been supplied and I am sure the offices of the Association are worthy of a visit by every member. They are offices of which we can be proud. Other increased activities are in connection with the speaker's library, the purchase of lantern slides, and possibly motion picture films, the President's monthly packet, and educational program, necessary office equipment and an increased budget for the Public Health Education Committee. With the increased office space for storage it will apparently be possible to save by purchasing materials in larger quantities an amount equal to the additional rent. As a result of the enlarged program of activities and the additional cost of the legislative year, it will be found that the surplus for 1939 is not as large as for 1938. The technical exhibit is now more than carrying the entire cost of the annual meeting.

Mr. Walter Finke, of the State Division of Welfare, outlined the general policy of his Division. This was approved and the Council expressed its appreciation to Dr. Hilleboe and Mr. Finke for the cooperation shown by them in meeting relief problems.

Dr. Chesley submitted a plan for obstetrical teaching, demonstration and home delivery service which will be in charge of Dr. McKelvey of the University of Minnesota as a proper expenditure of Federal Funds.

Council Committees and the President's Committees for 1940 were approved. The following members were named to the Finance Committee of the Council: E. M. Jones, C. A. Stewart and H. Z. Giffin. President Elect, Dr. Adams, went given authorization to appoint two new committees, one on Industrial Hygiene and Occupational Diseases, with J. L. McLeod as Chairman, and the other on Vaccination and Immunization, with L. R. Critchfield as Chairman. E. L. Tuohy was named as Chairman of the Public Health Education Committee. The following names were suggested as an Advisory Committee to the State Division of Social Welfare: A. W. Adson, W. A. Coventry, E. J. Simons, C. A. Stewart and L. L. Sogge.

At the meeting of February 23, 1940, the following general topics were considered: (1) The organization of a Society for Research in Convulsive Disorders, as outlined by D. E. McBroom. (2) The continued laxity of certain physicians in filling out and filing birth and death certificates. (3) The drafting of a bill by the Minnesota Hospital Service Association. (4) The licensing of Rest Homes. (5) The advertising of oleomargarine in medical journals. (6) Advertising in connection with the opening of new hospitals. (7) The variations in policies of insurance companies for malpractice insurance and the question of fees for testimony in malpractice cases. (8) The purchase of pure grain alcohol for office and scientific use.

These are some of the topics which have been considered and the most important actions taken by the Council during the year. Detailed minutes are open for inspection by any of the Delegates or other members.

May I take this opportunity to express my appreciation of the fraternity, loyalty, honesty, tolerance, fairness, and good judgment of the members of the Council and the officers of the Association and to commend the efficiency and ability of the Executive Secretary and the Administrative Staff.

H. Z. GIFFIN, M. D.

REPORT OF THE COUNCILOR OF THE FIRST DISTRICT

The Societies of the First District have been more active than ever before and have handled their own problems effectively. This is as it should be.

The most important problem of the year has been the situation created by the practice of medicine by the Eagles Lodge at Austin in which instance the lodge hired a physician and an osteopath to care for illnesses among members; but even this situation is being handled by the local Society in association with the State Board of Medical Examiners. Your councilor was requested to attend a meeting of the Mower County Society to which were also invited our Secretary, Executive Secretary, representatives of the State Board of Medical Examiners and legal advisors. The decision of this meeting led to the entering of a restraining order against the Eagles Lodge by the court and in counter-action the lodge has appealed to the State Supreme Court. Because of the importance of the final decision in this case both for the medical profession and the public in Minnesota and in fact from the national standpoint, as a precedent, the local society requested the financial assistance, if it should be necessary, of the State Association and possibly even of the American Medical Association. So far the expense has been met by the local society. This matter was brought before the Council of the State Association by your Councilor and the Council favored giving the Mower County Society every assistance that might be necessary. The case is still pending.

There has been, as is well known, some lack of cooperation

in certain counties between the Public Welfare Boards and our Contact Committees. In view of the new and very reasonable regulations of the present Director of the State Division of Public Welfare concerning the handling of medical relief, it is to be hoped and expected that Contact Committees will establish and maintain from now on the utmost cooperation with County Welfare Boards.

The President's program for focusing discussions each month on one or two general topics and the monthly packets on these subjects have been most favorably received. I know of no other problems which the Societies of this District desire to have referred to the House of Delegates either for their action or for their information.

H. Z. GIFFIN, M. D.

REPORT OF THE COUNCILOR OF THE SECOND DISTRICT

The Societies in the Second District have been very active during the past year. They are making good use of all postgraduate opportunities as shown by large attendance at all courses. Their own scientific programs have also maintained a high standard.

There are medical clubs in most of the counties and these clubs handle all medical programs in their own communities. Most of them, for instance, have put on county vaccination and immunization programs though the men who are doing obstetrical work are also making a special effort to instruct their patients in the value of looking after both vaccination and immunization in the first year of life. We believe that this is the ideal way to promote preventive measures.

The men of the second district are quite sympathetic, I believe, to the policies of the Minnesota State Medical Association.

L. L. SOGGE, M.D.

REPORT OF THE COUNCILOR OF THE THIRD DISTRICT

As Councilor of the Third Councilor District of the Minnesota State Medical Association, it is my pleasure to make the following report:

There has been an increase in the membership in each one of the component County Societies during the last year. Programs as given at the various meetings have been of high class, and unusually well attended showing a continuance of the marked and increasing interest along both medical and economic lines as they affect the professions of Western Minnesota.

I bespeak a further increase in membership during this next year as we are fortunate in having a large number of younger men who are taking up the practice of medicine in my district. The care of those who come under various parts of the Social Security Program, as well as Hospitalization of these same classes of people, is still of paramount importance, and it is the hope of the Councilor of this District that a program of settled nature may be worked out in the very near future.

B. J. BRANTON, M.D.

REPORT OF THE COUNCILOR OF THE FOURTH DISTRICT

The affairs in the Fourth Councilor District, since the present Councilor has taken office on the first of January, have run smoothly. Doctor Holbrook, the retiring Councilor from our District, who was in office to the first of the year, reports also that everything has been in good condition here.

A. E. SOHMER, M.D.

REPORT OF THE COUNCILOR OF THE FIFTH DISTRICT

I herewith submit my report as councilor of the Fifth District:

In my report of April 27, 1939, I mentioned the fact that Dr. F. E. Mork and Dr. B. W. Bunker of Anoka, Minnesota, had had some difficulty in obtaining a membership in the East Central Medical Society. I am very glad to report that these men have since been admitted to membership in the East Central Medical Society.

In September, 1939, I received a letter from Dr. Fredlund of Milaca, Minnesota, in which he complained about newspaper notices that were being inserted by Dr. C. J. Henry, who is a member of the Stearns-Benton County Medical Society. I took this matter up with Dr. J. N. Libert of Saint Cloud, who is secretary of this Society, and he called Dr. Henry for a conference. The matter apparently has been satisfactorily adjudicated.

I attended the meeting of the Washington County Medical Society February 13, 1940, at which time there was a discussion of several problems regarding various memberships in the society. A number of plans were discussed, and I believe satisfactory solutions were reached in each case.

At the request of the Council of Medical Education and Hospitals of the A.M.A. I investigated the Cherokee Sanitarium of St. Paul, Minnesota, and the Community Hospital at Farmington, Minnesota. These institutions had made application for recognition in the next hospital number of the American Medical Association Journal and the new American Medical Association Directory. I recommended the Community Hospital at Farmington for such recognition.

PROCEEDINGS EIGHTY-SEVENTH ANNUAL SESSION

Several attempts have been made to have a meeting called in order that Mr. Rosell, Dr. Souster and myself could meet with the members of the Dakota County Medical Society. So far, we have been unsuccessful, and apparently it will be very difficult to again have this Society functioning as a unit. As many of the members in this county belong to the Ramsey County Medical Society, there is a lack of interest in rebuilding the Dakota County Medical Society. It has been felt that the other men could continue their medical affiliations by transferring to nearby societies.

This matter was proposed to the Washington County Medical Society, and they were very willing to take in men that live in Hastings who belong to the Dakota County Society. It would seem that this is the best solution to the problem.

E. M. JONES, M.D.

REPORT OF THE COUNCILOR OF THE SIXTH DISTRICT

During the past year the membership of the Hennepin County Medical Society has increased from 622 to 641. The licensed physicians living in Hennepin county who are not members of the Society include some of the full time professors at the University, resident physicians, interns and physicians in government service at Fort Snelling. Practically all physicians engaged in private practice who are eligible are members of the Society. The same is true of the physicians of Wright County.

During the year representatives of the Federal Farm Rehabilitation Bureau conferred with the Wright County Medical Society relative to providing medical care to farm relief clients on the basis of loans made by the Federal Government to these clients. After considerable study it was decided that the number of relief families in this category was too small to warrant this special venture into the field of federal subsidy for medical care.

Recently the Federated Women's Clubs and the League of Women Voters have manifested a genuine interest in the Wagner Bill and Socialized Medicine. Through meetings with officers of these organizations the defects of the Wagner Bill, the disadvantages of socialized medicine, the platform adopted by the American Medical Association, and the fact that medical care is now available to the poor, as well as to the financially independent, have been explained in detail. It is our opinion that the representatives of these organizations now understand the viewpoint of the Medical Association, appreciate its soundness and reasonableness and are in sympathy with it.

Occasionally the physicians in rural Hennepin County find themselves disagreeing with the County Commissioners relative to compensation for services rendered to relief clients. These difficulties probably can be solved satisfactorily by providing a Medical Advisory Committee to which problems of this nature can be referred. This recommendation is transmitted to the Executive Committee of the Hennepin County Medical Society.

The tuberculin testing project sponsored by the Hennepin County Medical Society has resulted in reports of an excess of 7,000 tuberculin tests applied in the private offices of our members.

C. A. STEWART, M.D.

REPORT OF THE COUNCILOR OF THE SEVENTH DISTRICT

Membership in the two component medical societies in this district is slightly higher than at the same date a year ago. A recent review of membership in the district made by Mr. Rosell, Executive Secretary, showed that no desirable physician in the territory of the Stearns-Benton County Society was not either a member or an applicant for membership. Very few reputable physicians in its territory were not members of the Upper Mississippi Medical Society.

Extension of the activities of the Minnesota Hospital Service Association into this district has occurred this year in the St. Cloud and Wadena territory. Danger of discrimination, and encroachment on the privilege of free choice of hospitals, and consequently, physicians, was avoided by joint action of the officers of the Association, physicians and hospital administrators. Before promotional work was started, efforts were made to extend membership in the Association to all hospitals in competitive territory. Qualification for such membership is facilitated in the interim between regular meetings of the component medical society by the appointment of a Hospital Committee empowered to approve or reject hospitals, should such action be necessary to safeguard the interests of either hospitals or physicians.

As an outgrowth of a problem raised in the Todd County Medical Club, both component medical societies and later the Park Region Medical Society and the Red River Valley Medical Society of the Eighth Councilor District adopted minimum medical fee schedules and sanctioned a uniform 25 per cent reduction of these schedules for medical services for the indigent sick. This action was necessary to avoid giving 40 per cent reduction to one township or county and 25 per cent reduction to another separated only by an imaginary line. During discussions of the matter, opinions were expressed that both a uniform minimum medical fee schedule and a uniform reduction of such fees for medical services for the indigent sick should be obtained throughout Minnesota with the possible exceptions of Minneapolis, St. Paul, Duluth and Rochester.

EDWIN J. SIMONS, M.D.

REPORT OF THE COUNCILOR OF THE EIGHTH DISTRICT

There is little to report from the Eighth District aside from the usual high type of practice and medical meetings, except that some progress has been made in the handling of the depressing problem of medical and hospital care for the indigent and low income groups.

As a trial area for hospital insurance, outside the larger cities, Fergus Falls was selected as the point of entry into the Eighth District. The Minnesota Hospital Service Association canvassed the city with good success. After a few months' operation, it appeared to offer much for the groups which have been reached, establishing for them the desirable principle of "pay before you go." Those who have required hospital care are much pleased and those who have not seem satisfied with the security assured.

1. As yet, the problem of groups in the rural areas has not been solved. Much interest has been aroused among the creamery patrons. It is hoped soon that a sufficient per cent, can be interested so that the fees can be deducted from the cream checks. When this comes about, the hospital insurance in the rural areas will be on a firm financial basis.

2. Indigent. Here there continue to be great difficulties and many misunderstandings. Mr. Finke is doing all that he can to clear the way by impressing upon all Welfare Officers their legal obligation to provide medical care of the indigent and the right of indigents to free choice of physician. The great variation in doctors' fees is still the source of much trouble. We are, therefore, in the Eighth District, making an effort to standardize them.

3. The low income group continues to be the chief sufferer here as everywhere. It is likely that those just above indigency should have, at least, the same discounts as indigents.

W. L. BURNAP, M.D.

REPORT OF THE COUNCILOR OF THE NINTH DISTRICT

A review of the accomplishments of medical organization, professional and public relations of the Ninth District during the past year evidences a continued and improved interest by its membership. Proceedings of the St. Louis County Medical Society and its branch, the Range Medical Society, are regularly devoted to organization and medical economics questions and the high percentage of attendance and the work of the various committees is an expression of recognition of the ideals and purposes of our state organization.

Surveys throughout the year show that membership completely covers all available and acceptable physicians.

The society receives with accord the program presented by the Director of Welfare of the state and hopes this may improve our relations with the local responsible relief authorities. Expenditures of large funds for new hospitalization and a proposed revision of the method of handling medical relief are of immediate importance for disposition. We are assured consideration from the above source will be obtained.

The representation at the county officers meeting was in good number and subjects were reviewed by each individual at the following meeting.

The Interprofessional Relations Committee had occasion to meet with all local District Judges recently and an early meeting with a group from the Bar Association is contemplated. This program will be enlarged.

After considerable time, the extension of the weekly program of Dr. O'Brien to one of our local stations has been consummated and there is hope that there will be no interference with its continuance.

This district anticipates with interest the coming meeting in Rochester and expresses to the officers of the state association its appreciation for the cooperation and assistance during the past year. To Mr. Brist, we also extend our thanks.

F. J. ELIAS, M.D.

Dr. S. A. SLATER (acting Chairman): We have nothing but praise and few recommendations for the reports of the Officers and Councilors.

We have carefully examined the reports assigned to you and wish to submit the following recommendations:

1. *Report of the Secretary and Executive Secretary:* We wish to compliment them and express our appreciation of their work. We wish to especially recommend that the Speakers' Bureau, College Lectures, and Talks on Government Medicine be continued, and, if it is felt justified, enlarged. We approve the action of the Officers in making available Dr. O'Brien's talks, and wish to compliment them on the fact that the radio program has been enlarged. We recommend that the report of the Secretary and Executive Secretary be approved by the House of Delegates.

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2. *Report of the Treasurer:* It is highly gratifying to learn that there has been a satisfactory surplus after the achievements have been attained by the Officers, Council, and Executive Secretary. We wish to recommend the approval of this report.

3. *Report of the Chairman and Members of the Council:* Your Committee notes the excellent condition throughout the various districts. We wish to call attention to the fine relationship they have been able to maintain with the State Board of Health and appreciate the cooperation that Dr. Chesley and his Department has given us.

DR. D. P. HEAD: This is a very very pleasing treasurer's report, and I wish to compliment the treasurer, but there is one thing that I think we should have as a matter of policy. We should have the previous year's figures listed beside the present year's in the report, in order to evaluate the present trend of our financial expenditures. I should like to make a motion in the House that the Treasurer be instructed to do so.

It was moved, seconded and carried that the future reports should be made in accordance with Dr. Head's suggestion to the Delegates.

It was then moved, seconded and carried that the report of the Reference Committee be accepted.

Dr. W. W. Will then called for the report of the Reference Committee on State Health Relations reports. The following committee reports were reviewed:

REPORT OF THE COMMITTEE ON STATE HEALTH RELATIONS

The usual assortment of minor problems was referred to the Committee on State Health Relations during the year. The committee kept in touch with the State Board of Health and had a representative at practically every meeting of that Board.

On instructions from the Council we have offered our assistance to the State Civil Service Board for the drawing up of examination blanks for applicants for medical positions under the State. Our assistance has not yet been requested.

The committee has arranged to meet two weeks before each meeting of the Council on notification from the Executive Secretary, to hear reports from the members and to report to the Council.

T. H. SWEETSER, M.D.

REPORT OF THE COMMITTEE ON PUBLIC POLICY

No legislative session has intervened since the last meeting of the House of Delegates. Several matters which involved the legislative policy of the association have been referred to the committee, however, and I shall be glad to make a verbal statement on the committee's activities with regard to them to the Reference Committee and, if called for, to the Delegates.

L. L. SOGGE, M.D.

REPORT OF THE COMMITTEE ON UNIVERSITY RELATIONS

At the Secretaries' Meeting held in February, Mr. Ray Amberg, Superintendent of the University Hospitals, emphasized the fact that the University Hospitals comprise a teaching institution; their present bed capacity is 500, and it is reasonably adequate for that purpose with certain exceptions of addition for special conditions. If the hospital were to try to take care of all the indigent in the state, Mr. Amberg thought that a 5,000-bed hospital would be needed, because, even now, the waiting list averages 1,000 patients. The hospital tries to present to its students a cross-section of medical problems that they will encounter in practice; that is why many tonsillectomy cases must be turned away and why many hernia cases remain long on the waiting list. Some emergency cases are taken since it is evident that a certain amount of emergency work is important from the teaching standpoint.

The problem of the indigent then reverts to the local board in charge. Medical societies in recent years have encouraged as far as possible the care of the indigent in their local areas because traveling expenses, accommodations, while waiting for admission to the hospital, attendant and nursing care, outside the hospital are costly.

The state society has felt also that aside from the question of costs, people get quicker service in their local community. The question is how to present this to the boards who have local control. In this the doctors themselves must take a good share of the educational process. The state association has felt in the past that not enough emphasis has been placed on social relationships the student is going to encounter when he enters into practice. Even for those students who are not going into private practice the view-point of organized medicine represent-

ing largely the private practitioners should be given to future teachers and public health workers, so that they will understand fully the problems of private practice.

We have been pleased with the compulsory senior lectures instituted along these lines and wish to commend them.

GEORGE EARL, M.D.

DR. E. S. PLATOU: We recommend the adoption of the report of the Committee on State Health Relations and want to compliment the work of Dr. Sweetser, especially, in his very conscientious attendance at meetings of the State Board of Health.

We recommend the adoption of the report of the Committee on Public Policy with commendation for Dr. Sogge in his untiring efforts in behalf of the medical association.

We recommend also the adoption of the report of the Committee on University Relations with emphasis to be placed on the suggestion of Dr. Earl's Committee that careful study be given to the admission of patients to the University Hospital and Out-patient Department by local County Boards.

It was moved, seconded and carried that the recommendations of the Reference Committee be accepted.

Dr. Will then called for the report of the Reference Committee on Lay Education Reports. The following committee reports were reviewed:

REPORT OF THE COMMITTEE ON PUBLIC HEALTH EDUCATION

The work of this Committee so far has been largely a continuation of that excellent program devised and organized under the previous chairmanship of Dr. L. R. Critchfield of St. Paul. The next circumstance calling for brevity stems from the comparatively short period in which your Chairman of the Public Health Education Committee and the Chairmen of the various subcommittees of Child Welfare, Radio, Speakers' Bureau, Editorial, Red Cross and Tuberculosis have had to work. Plans, however, have been well laid.

It must be obvious that such relatively large committees, made up of members residing throughout the state, make meetings difficult. Nevertheless, the distribution of membership is the chief agency whereby the objectives and intentions are furthered and the purposes (particularly of an educational committee) are devised and understood.

Speakers' Bureau

Despite the difficulties of getting together all the members of various sub-committees most of them have had one or more sessions. Dr. F. H. Magney of Duluth, head of the Speakers' Bureau, has continued the effective method carried out in previous years. He reports for his Committee as follows:

"The College Lecture Course was offered to the college on the same basis as last year and 16 colleges accepted. The lectures were officially limited to two for each college but one college especially requested and received four lectures. The subjects selected for the year are enclosed.

"The most popular subject was 'Mental Hygiene Problems of College Students.'

"Other talks arranged through the Speakers' Bureau this year were practically all in response to the offer made in the newspaper for speakers on the subject of the month. Talks were made before PTA groups, luncheon clubs, church groups, Auxiliary groups and others. So far this year twenty-seven talks have been booked through the State Office and there will be many more before 1941. In addition to this number, there have been many talks given by our members for which material was provided by the Speakers' Library, but about which we have no definite information as to date and place. Many of these requests have been for material on government medicine and an unusual number have been from doctors' wives. A total of one hundred or more such requests have been made this year to the State Office." The outline of the College Lecture Course follows:

MENTAL HYGIENE PROBLEMS OF COLLEGE STUDENTS—G. R. Kamman, St. Paul; B. C. Schiele, U. of Minn.; L. R. Gowan, Duluth; P. H. Heersma, Rochester.

YOUTH AND SOCIAL HYGIENE—R. R. Sullivan, U. of Minn.; H. G. Irving, Minneapolis; W. E. Hatch, Duluth; P. A. O'Leary, Rochester.

THE NATIONAL HEALTH PROGRAM—George Earl, St. Paul; W. A. O'Brien, U. of Minn.; A. W. Adson, Rochester.

SKIN GAME (On cosmetic problems and skin diseases of students)—F. W. Lynch, St. Paul; C. W. Laymon, Minneapolis; F. T. Becker, Duluth; L. A. Brunsting, Rochester.

GETTING READY FOR MARRIAGE (On mental and physical preparation necessary for successful marriage)—J. J. Swenson, St. Paul; L. A. Lang, Minneapolis; R. J. Moe, Duluth; J. A. Haugen, Minneapolis.

ONE STEP AHEAD (On good posture and foot health for students)—S. W. Shimonek, St. Paul; E. T. Evans, Minneapolis; M. H. Tibbetts, Duluth; H. B. Macey, Rochester.

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CHEMISTRY IN MEDICINE (Covering particularly the new drugs such as sulfanilamide and sulfapyridine and others)—M. H. Hoffman, St. Paul; Harold N. Wright, U. of Minn.; F. J. Hirschboeck, Duluth; H. R. Butt, Rochester.

AFTER THE ACCIDENT—WHAT? (On First Aid in general and particularly first aid for fracture cases)—R. M. Burns, St. Paul; R. F. McGandy, Minneapolis; F. J. Elias, Duluth; H. B. Macey, Rochester.

Child Welfare

The Child Welfare Committee with Chairman R. L. J. Kennedy of Rochester held at least one meeting in St. Paul recently and a report of their work will be available later to the delegates.

Radio

The radio continues to be one of the most efficient means of influencing public opinion. The profession in Minnesota will never be able adequately to estimate the good that has come to our profession through the development of the broadcasting on medical subjects by Dr. William A. O'Brien. Since he has become engrossed in the graduate education feature in terms of the Continuation Courses at the University, he has been singularly equipped and in a position to sense the various needs of our guild, as well as to forecast the situation where newer scientific research points the way. With a simple but engaging technic and with a capacity for gentle humor antidoting any tendency to magnify fear (always so much associated with disease) he is able to disseminate useful information to ever increasing audiences. Chairman R. M. Burns of St. Paul with his committee have continued to serve most effectively. The report of his committee is attached.

Change Planned

I am unable to report at this time of the work of the Editorial Committee chairmaned by R. M. Hewitt of Rochester who has been ill. However, I know they are working and planning, it is understood, a change in the news service so long issued to country newspapers by this committee.

First Aid

A. B. Stewart of Owatonna, chairmaning the First Aid and Red Cross Committee, has been very active. I quote from his report as follows:

"As Chairman of the First Aid and Red Cross Committee of the Committee on Public Health Education I have little to report.

"I have statistics with detailed information in regard to the Red Cross activities in Minnesota, including First Aid instruction, Highway First Aid and Vaccination and Immunization. The latter has a separate committee, with Dr. Critchfield as chairman. I wrote to him some time ago offering him what information I had. I believe we might, each, accomplish more if we worked together.

"As the St. Louis Headquarters of the Red Cross have expressed pleasure in the activities that I have outlined to them I believe that I shall urge Red Cross chapters to push Immunization campaigns.

"Out of the 61 chapters in the state, only 14 have done so. "I have not thought it advisable or necessary to call the committee together especially as we are so distant from each other."

Tuberculosis

Concerning tuberculosis, Chairman J. A. Myers of Minneapolis and his committee have been most active. A report of the work of this committee is also attached.

In passing I may state that the Minnesota Public Health Association has likewise been active concerning further ways and means of directing the anti-tuberculosis program. Dr. C. B. Wright of Minneapolis, chairmans a committee of the Public Health Association having to do with the period when previously treated subjects may safely be employed. To determine through mass methods the extent of infection, especially in the lower income employed groups, has been given much study. Out of all this some unified program will gradually evolve.

Packet

The Speakers' Library Service with the monthly packet dealing with various subjects and available through the State Medical office is very popular. Especial thanks is due the University and associated hospitals and their staffs and the State Department of Health for much of the material collected and used.

New Problem

Finally your Chairman feels that there is a great untouched field in the direction of the better organization of medical service through a study of the striking changes in the percentages of the population at various age levels. Gradually we are arriving at a point where without decisive decrease or increase in the prospective age groups under 20 we face a situation in which a tremendous increase is taking place and will continue to do so in the age levels over 60. In that group there is developing a much stronger trend toward octogenarianism among women than with men. In our courses of instruction in medical schools, in the organization of our hospitals, in the attitude of mind and the technics developing in our various specialties, in the daily rounds of the general practitioner, there is a great need for continuous discussion and among other things the need of familiarizing ourselves with the broader aspects of geriatrics.

E. L. TUOHY, M.D.

REPORT OF THE RADIO COMMITTEE

The radio program has continued to be carried on during the past year by Dr. W. A. O'Brien, director of postgraduate education at the University of Minnesota. A list of the subjects and the general plan of Dr. O'Brien's weekly broadcasts for the past year is attached to this report. It will be noted that the broadcast on the last Saturday of each month was on dental health and was sponsored by the Minnesota State Dental Association.

The radio program of the Minnesota State Medical Association is now 12 years old, one of the oldest of its sort in the entire United States, and, undoubtedly, one of the most popular.

The committee feels that the association and Dr. O'Brien are to be congratulated on this record and that our sincere appreciation should be extended to WCCO for its unflinching and courteous service. As far as possible, also, the committee hopes that the example of the St. Louis County Medical Society in securing these broadcasts over direct wire to their local station, KDAL, will be followed. It should be realized, of course, that WCCO has no direct affiliations with any other stations except WLB in Minnesota, at the present time, and that only by a special combination of circumstances would a direct wire be available over which the broadcasts could be carried. Dr. O'Brien has participated in individual broadcasts over WCCO, WLB, KSTP, and WTCN in addition to the regular program.

Offers of regular broadcast time have also been received by other stations not affiliated with WCCO, notably by KSTP, which is affiliated with a chain of smaller stations in Minnesota. The committee is of the opinion that the offer from KSTP, especially, should be accepted and several conferences have been held with members and with officials of KSTP on the matter. It is the general consensus that a different type of program should be developed for this purpose and several suggestions have been made. One is for the currently popular round-table type of program. Another is for a program series to be conducted by an Inquiring Reporter who collects the questions of average citizens on a given subject and submits them over the air to one or two experts, the experts to change from program to program. Details for some such program will be worked out in the near future and experiments will probably be made in series of weekly programs over this station and its affiliates.

In the meantime another experiment is now under way in connection with Dr. O'Brien's program which, if it is successful, will be made a definite part of the program. That is, to provide copies of Dr. O'Brien's talks, transcribed at the time of the broadcast, to any listeners who wish to send 10 cents for it to cover postage, cost of mimeographing, and mailing.

Arrangements for broadcasts by distinguished visitors, together with daily résumés of meeting events were made by the committee in connection with the Minneapolis meeting in 1939 and the total series covering many phases of medicine and of the work of organized medicine was undoubtedly of great public interest. Broadcasting arrangements in Rochester do not permit of so extensive a program in connection with the 1940 meeting, but similar arrangements will be made at the next big city meeting.

R. M. BURNS, M.D.

Medical Broadcasts

April 1, 1939—March 31, 1940

- | | |
|-----------|---|
| April | 1 Cause of Cancer |
| | 8 Cancer in Women |
| | 15 Cancer in Men |
| | 22 Early Diagnosis of Tuberculosis |
| | 29 Cancer of the Head and Neck |
| May | 6 Prenatal Care |
| | 13 First Year of Life |
| | 20 Prematurity |
| | 27 Prenatal Care of Teeth |
| June | 3 Minnesota State Department of Health |
| | 10 Sanitation |
| | 17 Health Education |
| | 24 Dental Health Problem |
| July | 1 Drowning |
| | 8 Postgraduate Medical and Hospital Education |
| | 15 Hot Weather Health Hints |
| | 22 Poison Ivy |
| | 29 Oral Hygiene |
| August | 5 Mental Disease |
| | 12 Diphtheria |
| | 19 Smallpox |
| | 26 Getting Children Ready for School |
| September | 2 Cause of Accidents |
| | 9 First Aid |
| | 16 Accidental Infection |
| | 23 Shock and Hemorrhage |
| | 30 Injuries of the Teeth and Jaws |
| October | 7 Social Hygiene |
| | 21 Nursing Education |
| | 28 Dental Progress |
| November | 4 Tuberculosis |
| | 11 Pneumonia |
| | 18 Common Cold |
| | 25 Nutrition and the Teeth |

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- December
 - 2 Pernicious Anemia
 - 9 Iron Deficiency Anemia
 - 16 Deficiency Diseases
 - 23 Streptococcal Infection
 - 31 Care of the Teeth
- January
 - 6 Diphtheria and Smallpox
 - 13 Whooping Cough and Scarlet Fever
 - 20 Measles and Chicken Pox
 - 27 Orthodontia
- February
 - 3 Cause of Dyspepsia
 - 10 Peptic Ulcer
 - 17 Appendicitis
 - 24 Periodontia
- March
 - 2 Rheumatic Fever
 - 9 Arthritis
 - 16 Gout
 - 23 Injuries of Joints
 - 30 Exodontia

REPORT OF THE SUB-COMMITTEE ON TUBERCULOSIS

The Sub-Committee on Tuberculosis held its first meeting on February 24, 1940. The following were present:

- J. A. Myers, Minneapolis, Chairman
- B. S. Adams, Hibbing
- C. A. Stewart, Minneapolis
- H. Z. Giffin, Rochester
- H. E. Hilleboe, St. Paul
- E. J. Simons, Swanville
- L. H. Flancher, Lake Park
- E. A. Meyerding, St. Paul
- K. H. Pfuetze, Nopeming
- S. A. Slater, Worthington
- Mr. R. R. Rosell, St. Paul

Dr. Myers briefly outlined the history of the Committee on Tuberculosis, stating the objectives of the Committee when it was first formed and the present objectives. In connection, slides were shown, showing the comparison between the United States and England in the eradication of tuberculosis in cattle. Additional slides of x-rays, showing the different stages of tuberculosis in humans, were also shown.

Dr. Stewart submitted his proposed State-wide Anti-tuberculosis campaign, outlining both the Ideal and Economical Plans.

A general discussion of the plans followed, with Doctors Slater, Pfuetze, and Flancher relating their progress in TB work in their own respective counties.

Dr. Hilleboe outlined the program of the Division of Social Welfare and offered his cooperation with Dr. Stewart's plan, advising that they both work together.

Dr. Stewart suggested that the members present decide on certain major points of the plan, which they were to follow and after the plan is under way, the details could be worked out. The following objectives were agreed on:

Ideal Plan:

1. Apply the TB test to the entire personnel of each household unit in every county.
2. X-ray every positive reactor.
3. Additional laboratory and medical examination to complete the diagnosis.
4. Provide adequate segregation and treatment for each case as long as he is infectious.

Economical Plan:

1. Concentrate x-ray studies particularly on the tuberculin sensitive adults present in each home in which tuberculin sensitive children are found.
2. X-ray adults who are positive reactors who have children who have negative reactions to tuberculin.
3. Reapply a TB test to all future members of population and all who were negative on previous survey at least annually.
4. Concentrate x-ray studies particularly on tuberculin sensitive adults in each home in which tuberculin sensitive children are found, who previously reacted negative to the test, and repeat them at least annually.

Dr. Stewart advised that financial aid would have to be solicited from different organizations such as the Minnesota State Medical Association, Hennepin County Medical Society, U. S. Public Health Service, and Foundations.

It was recommended that different groups such as the State Board of Health, Hennepin County Medical Society, American Medical Association be invited to send representatives to a meeting of the Tuberculosis Committee after the plan is under way.

It was agreed that a meeting be held March 26 of the members present and that Dr. Chesley of the State Board of Health be invited to attend.

The second meeting was held on March 26, 1940. The problem of the incorrigible tuberculous patient, that is, the one who has tuberculosis in the contagious stage, but who refuses to be admitted to a sanatorium, was discussed at some length by Drs. Slater and Flancher. Various methods of controlling them, such as quarantine, were considered and it was moved by Dr. Slater that the Committee go on record as favoring the state's sponsoring or providing an institution where the incorrigible tuberculous patient, or the one that might be considered a menace to the community, could be taken care of under such conditions so as to provide proper treatment and

at the same time retain the patient until it is safe for him to return to his community. The motion was seconded by Dr. Pfuetze and was carried.

The tuberculin test was discussed at some length and the Committee voted unanimously to recommend that the physicians of this state use the intracutaneous method of Mantoux. Considerable confusion has arisen concerning the reading of the tuberculin test. Inasmuch as there apparently has been a strong tendency to over-read the reactions, the following points were presented by Dr. Slater:

1. The tuberculin test should never be read until forty-eight or preferably seventy-two hours after administration.
2. Not more than one test should be given at a time.
3. When the first test is given with a small dose of tuberculin, a stronger dose may be administered in seventy-two hours, if there is no reaction from the first dose.
4. A tuberculin reaction consists of induration or edema. Redness of the skin at the site of administration, in the absence of induration, should never be considered as a reaction.
5. The degree of reaction depends on the extent of the induration and may be indicated as one, two, three, and four.

The Committee voted to recommend the ideal plan of tuberculosis control for the state which Dr. Stewart presented at the previous meeting. To supplement this, it was recommended that one county be selected to serve as a laboratory; that is, where an attempt be made to carry out in detail the ideal plan with reference to the tuberculin test, the x-ray film, and the complete examination for tuberculosis of everyone in the county.

The Committee voted unanimously to hold regular meetings, the next one to be during the convention of the State Medical Association in Rochester.

J. A. MYERS, M.D.

DR. R. M. BURNS: Your committee on Lay Education has made a thorough study of these reports. We wish, first of all, to commend the thoroughness and conciseness of these reports and heartily agree with their content. The Speakers' Bureau has had success and there is increasing demands for these talks. The radio has been a most effective means of influencing public opinion and we are happy to learn of the Duluth hook-up. We hope future stations will still be added. Dr. W. A. O'Brien is to be especially commended for his untiring work and the manner in which his talks are presented and the extent of the subjects covered.

The report of the Sub-Committee on Tuberculosis, headed by Dr. J. A. Myers, has been read. This report indicates that extensive study has been made of this subject, and the Committee endorses the recommendations of the Sub-Committee on Tuberculosis.

It was moved, seconded and carried that the report of the Reference Committee be accepted.

DR. W. W. WILL: We will now have the report of the Reference Committee on Medical Economics reports. The following committee reports were reviewed.

REPORT OF THE SUB-COMMITTEE ON PROFESSIONAL EDUCATION IN MEDICAL ETHICS AND SOCIAL AND ECONOMIC TRENDS

The last meeting of this committee took place on May 31, 1939, at which time the following members were present: Dr. H. S. Diehl, Minneapolis; Dr. J. J. Swendsen, St. Paul; Dr. G. C. MacRae, Duluth; and Dr. Louis A. Buie, Rochester.

Inasmuch as other committees are taking care of social and economic problems, the duties of this committee should be limited, it has been felt, to problems of an ethical nature. It was suggested to the group meeting of the Economics Committee that the name of the subcommittee be changed and that henceforth it be known as the Subcommittee on Medical Ethics. It was also suggested that the number of members of the committee be reduced. There are now eight members and it is felt that three members should suffice. The group committee approved of the recommendation. This plan is therefore submitted to the House of Delegates for its approval.

Methods were discussed whereby information might be disseminated on the subject of Medical Ethics and it was decided that Drs. MacRae, Swendsen and Buie should inquire of local medical societies regarding ethical problems of interest which have arisen in the past. It was agreed that helpful information concerning such problems should be published from time to time in MINNESOTA MEDICINE. This work has been planned and partially carried out. Your committee has found it advisable to proceed cautiously with this plan.

Dr. Diehl's program for undergraduate medical students was discussed and his work commended. The names of additional speakers were considered and several were recommended to Dr. Diehl for use in his program of lectures.

The committee has been active since its last meeting. Several important problems have come to its attention and have been handled satisfactorily. In each instance we have had the very fine cooperation of members of the Council, Mr. Brist and Mr. Rosell, and the advice and assistance of these men were largely

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responsible for the successful management of each case. Many ethical problems border very closely on those which are medico-legal and it is probable that there will be few ethical difficulties which can be analyzed and solved without the assistance of the above mentioned individuals.

The attached is a schedule of Dr. Diehl's lectures for the 1940 term.

L. A. BUIK, M.D.

Orientation to Practice—Spring 1940 (Schedule of Lectures)

April 5 Opportunities in and Preparation for Practice:

General practice; specialization; industrial medicine; government service; insurance medicine; teaching and research; graduate and post-graduate training

Dr. H. S. Diehl

April 12 Medical Licensure:

State and National Boards; Basic Science Boards; reciprocity; Narcotic Licensure; responsibility of Licensure; revocation of license to practice medicine.

Dr. A. W. Adson

April 19 Quackery, Fads, Cults and Patent Medicines:

Definition and description; reasons for existence; relationship to the practice of medicine and to the public health; attempts at control; borderline types of practice by physicians.

Dr. W. A. O'Brien

April 26 The Ethics of the Practice of Medicine:

Responsibility of physicians to their patients and to each other; consultations; fee splitting; relationship to drug-gists, to nurses; euthanasia.

Dr. F. J. Hirschboeck

May 3 The Management of the Public and Private Patient:

Winning the patient's confidence; the diagnosis; the prognosis; cooperation of the patient in carrying out treatment; the patient's family; his job; his bills for medical and hospital care.

Dr. S. M. White

May 10 Starting the Practice of Medicine:

Choosing a location; problems of the young practitioner, relationship to other physicians; to hospitals; getting acquainted; determination of fees. Individual and group practice. Partnerships.

Dr. J. M. Hayes

May 17 Malpractice:

Definition; justified and unjustified malpractice suits; examples; safeguards against malpractice; malpractice insurance.

Dr. B. J. Branton

May 24 The Physician in Court:

In industrial compensation cases; as an expert witness in criminal suits; in personal injury suits; in malpractice suits.

Judge Paul Carroll

May 31 Medical Care of the Indigent and of Low Income Groups:

Cost of medical care; system of individualistic practice; free and pay clinics; state medicine; health insurance; hospital insurance; attitude of organized medical profession; trends in this country.

Dr. R. E. Scammon

June 7 Medical Organizations:

National, State and local; purpose; types of organizations; activities; advantages of membership.

Dr. C. B. Wright

REPORT OF THE MEDICAL ADVISORY COMMITTEE

It will be the purpose of the Chairman of the Medical Advisory Committee to give a verbal account of the work carried on by this Committee during the past year at the meeting of the House of Delegates. Because of the confidential nature of the contents, it is not being sent to the delegates at this time.

B. J. BRANTON, M.D.

REPORT OF THE SUB-COMMITTEE ON LOW INCOME AND INDIGENT PROBLEMS

During the past year our main project centered in the making of a survey of the state as regards the handling of relief, old age pension cases and dependent children. A complete survey was made of every county and nearly every township, also, at the same time, getting opinions from doctors. The report is now on file in the office of the secretary of the society. It did bring out many enlightening facts, many of which, I am quite sure, will be straightened out within the coming year.

During the past year a survey has been made by the Wright County Medical Society as to whether it wished to come under the Farm Security Administration program as far as medical care is concerned for clients of the Farm Security Administration. After very thorough study members of the Wright County Medical Society unanimously decided not to accept the plan. They expressed themselves as satisfied with the relief plan they have at the present time, and will take their own chances on making collections.

No other Farm Security proposals have been considered during the past year. Judging from the experience of neighboring states, we do not believe they will be necessary in this state in 1940.

As to the question of medical insurance plans to be carried out throughout the state, nothing has been very definitely proposed. We are perfectly willing to bide our time, and see what experiments are being carried out in the state of Wisconsin and some of our neighboring states, and we may learn a great deal from their efforts.

Mr. Finke, in charge of the welfare department throughout the state, is gradually formulating plans whereby there will be more uniform handling of relief matters than there has been in the past.

No grave complaints of methods of handling the low income group have been made during the past year. What the future may bring remains to be seen.

It is the recommendation of this Committee that the name of the committees now known as County Contact Committees be changed to County Medical Advisory Committees. The reason for the change is to better define the purpose and duties of these committees for associates and Welfare Boards in the counties.

W. A. COVENTRY, M.D.

REPORT OF THE COMMITTEE ON CONTRACT PRACTICE

Your Committee has held one meeting during the year, at which time several issues were discussed, the principal one being the case which has been pending for some time in regard to certain contract practices with the Eagles Lodge. There are some court actions on the docket in regard to this, but no definite information is available at this time.

It is the unanimous opinion of your Committee that it would be advisable for the Council collaborating with this Committee to reiterate their definitions and limitations of any and all so-called contract practices. There are a number of members who have contracts of various sorts with industrial firms and groups of various kinds and reiteration of the stand of the Council and the Officers of the Society at this time would not be amiss.

F. A. OLSON, M.D.

REPORT OF THE COMMITTEE ON INDUSTRIAL RELATIONS

The council of the City of St. Paul last fall announced the appointment of five physicians to take care of city employees injured in the line of duty. At the same time, employees were informed that medical fees would be paid only to these physicians.

Immediately, thereafter, members of the Ramsey County Medical Society passed a unanimous resolution in opposition to the action and expressed their willingness to continue to care for any city employees who might wish to come to them, pending final disposition of the matter.

Subsequently a St. Paul fireman was injured on duty and was treated, at his own request, by his family doctor. This doctor was not one of the five selected and the City Council refused to pay his fee though no question was raised as to its fairness.

The fireman's case was appealed to the Industrial Commission and the Commission upheld the city in this matter. Thereupon the St. Paul Trades and Labor Assembly took over the case for the fireman and appealed to the Supreme Court for a decision.

At the direction of the Council of the Minnesota State Medical Association, Mr. F. Manley Brist, attorney for the association, then filed a brief, as friend of the court, defending the right of the injured employee to his choice of physician. A brief in defense of this right was also filed by the Minnesota State Federation of Labor.

The case was heard by the Supreme Court on April 1 and no decision has been handed down as yet. It is hoped that the decision when it comes will be favorable.

STEPHEN H. BAXTER, M.D.

REPORT OF THE EDITING AND PUBLISHING COMMITTEE, MINNESOTA MEDICINE

For Period January 1, 1939, through December 31, 1939

The year 1939 proved to be a banner year for Minnesota Medicine from the standpoint of increase in revenue, the net surplus being the largest ever shown in its twenty-two years of publication. The net cash surplus amounted to \$1,679.32 as compared to \$934.76 for the previous year. The nearest approach to the 1939 surplus was that for 1929, which amounted to \$1,081.52.

During 1939 there were printed a total of 37,900 copies, or an average of 3,159 per issue. The total number of pages amounted to 1,208, or an average of 100.6 per issue. Of this number 890 were devoted to reading and 318 to advertising.

The reading pages included 127 scientific articles, including those presented in the Proceedings of the Minnesota Academy of Medicine and the Minneapolis Surgical Society. In addition there were seven abstracts of papers and fifteen case reports. This number does not include the case reports appearing in the body of many of the scientific articles. Illustrations numbered 150, an average of 12.5 illustrations per issue.

The special sections devoted to Medical History of Minnesota and Medical Economics occupied 77 pages and 76 pages, respectively, or an average of about 6.5 pages per issue. Other special sections included editorials, reports and announcements of societies, news items, book reviews, the yearly roster and minutes of the annual meeting of the Association. There are now 158 pages of type matter relating to the Medical History of Minnesota. In accordance with our promise, we are holding this in page form.

At the close of 1939 our records showed the total number

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of paid membership subscriptions to be 2,503, with about 135 subscriptions carried the first part of the year as delinquent accounts. There were 204 non-member subscriptions. Miscellaneous distribution, including single copy sales, exchanges, complimentary copies, advertisers' checking copies, et cetera, numbered 351 copies, leaving a surplus of about 100 copies for possible distribution in filling orders for back copies and for sending sample copies to prospective subscribers and advertisers.

The outlook for 1940 is of course somewhat uncertain. However, there seems to be a general feeling that conditions will not be worse than in 1939 and possibly better, even though it is election year. In difficult times like these, no reasonable assurance can be given for any definite period of time.

It is encouraging, however, to know that the first quarter of 1940 shows a substantial increase over the corresponding period for last year, and the first three months shows an excellent condition.

Your attention is again called to the fact that a substantial volume of advertising has to be declined because the products have not been approved by the Council of the A.M.A. One Minneapolis firm recently offered a contract for \$100 an issue, or four full pages in each issue, which could not be accepted because of these restrictions. In the end, however, we feel that this policy commands the confidence and respect of readers as well as of national advertisers.

During the year Dr. J. T. Christison, for more than fifteen years a member of the Publication Committee, and for ten years its chairman, retired from practice and from his place on this committee.

The long, faithful and efficient service which Dr. Christison gave to MINNESOTA MEDICINE is deserving of the most sincere appreciation of every member of this Association. It was a work in which he was deeply interested, and to which he gave a considerable portion of his time. I feel that he should be given a vote of thanks for his splendid service.

In accordance with the authority of the Council a special feature was included with the January, 1940, issue of the Journal. This consisted of the publication of a 52-page supplement, and of 600 additional copies of that issue. The cost of this was charged against the net cash earnings for 1939. Other features may be included in the Journal during the year, with the approval of the Publication Committee and the authority of the Council.

E. M. HAMMES, M.D.

STATEMENT OF INCOME AND EXPENSE AND PROFIT AND LOSS, MINNESOTA MEDICINE

For the Period January 1, 1939, through December 31, 1939

INCOME		ACCURAL BASIS
Display Advertising	\$ 9,577.19	
Member Subscriptions	4,834.50	
Non-member Subscriptions	587.43	
Reprint Income	150.22	
	\$15,149.34	
Less:		
Bad Accounts Charged Off	58.09	
(See Schedule A)		\$15,091.25
EXPENSE		
Journal Expense	\$12,265.20	
Discount and Commissions		
Advertising	1,405.64	
Subscriptions	14.40	
	\$13,685.24	
Profit for Period		\$ 1,406.01

Schedule A

BAD ACCOUNTS CHARGED OFF	
N. W. Artificial Limb Co.	\$ 9.69
Sonotone Minnesota Co.	47.40
E. W. Broden	1.00
	\$58.09

Schedule B

JOURNAL EXPENSE	
Paper Stock	\$ 1,453.47
Printing Expense	5,479.42
(Includes composition, makeup, lockup, presswork, bindery work and addressing)	
Editorial Salary—Dr. Drake	1,200.00
Illustrations	497.21
Second class postage and postage used on Minneapolis and foreign copies	410.63
Mailing envelopes for Advertisers' copies	13.85
Bruce Publishing Co.—Service Fee	1,680.00
(Covers business management, stenographic service, mechanical editing of all material, ordering all cuts, making up dummy, mailing all proofs, bookkeeping, billing and collecting all accounts, keeping up mailing list, etc.)	
Bruce Publishing Company	132.00
(Covers telephone, telegrams, addressograph plates, etc.)	

Advertising Commission	1,064.32
(Including 5% received from advertising placed through CMAA)	
1939 Copyright Fee	24.00
Stationery	35.30
Insurance bond—J. R. Bruce, Bus. Mgr.	5.00
	\$12,265.20

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS, MINNESOTA MEDICINE

For the Period January 1, 1939 thru December 31, 1939

SOURCE OF CASH RECEIPTS	
Display Advertising	\$ 9,769.93
Member Subscriptions	4,834.50
Non-member Subscriptions	587.43
Reprint Income	172.70
Gross Cash Receipts	\$15,364.56
Less:	
Discounts and Commissions	
Advertising	\$1,405.64
Subscriptions	14.40
	1,420.04
Net Cash Receipts	\$13,944.52
CASH DISBURSEMENTS	
Journal Expense	12,265.20
Cash Surplus for Period	\$ 1,679.32
Accounts Receivable January 1, 1939	\$1,122.17
Accounts Receivable December 31, 1939	848.86

REPORT OF THE COMMITTEE ON SICKNESS INSURANCE

At a recent meeting of the Committee on Sickness Insurance of the Minnesota State Medical Association, a free discussion was conducted concerning the various plans that are being experimented with in different cities, counties and states, as well as a discussion of the general policy the committee should take concerning plans that might develop within our own state.

Members of the committee agreed that there was no need for the proposal of a state plan at the present time, but that the committee should keep on file in the Secretary's office copies and reports of all plans and the results of such plans for reference in the event that some city or county should feel inclined to develop some type of group sickness insurance.

In brief, the committee wishes to assure the House of Delegates that we are vitally interested in this subject, but we prefer to take a passive rather than an active interest in initiating any sort of plans.

The committee expressed itself as not favoring any plan which might be started by a few doctors in a community, unless it has the approval of the county society, and furthermore, any such plan should include the whole medical group in the county. It was thought advisable that any proposed plan should be first submitted to the Committee on Sickness Insurance which will refer it to the Council, for further consideration.

A free discussion took place concerning the advisability of carrying on a pro-medical publicity program. The committee concluded that it would be unwise to initiate such a program, but it should be prepared to counteract any unfavorable propaganda that might arise concerning compulsory state health insurance.

There appears to be an abundance of material on the affirmative side of socialized medicine and the question of the proper method of disseminating literature on the negative side was discussed. Mr. Crownhart's book on "Sickness Insurance in Europe" was one publication the committee felt should be given wide distribution. Furnishing libraries, particularly college libraries in towns of 10,000 population and over, was another means of distributing material. Doctor Adams was instructed to consult the Council of the Minnesota State Medical Association relative to the cost and advisability of furnishing libraries with this book.

It was also agreed that Doctor Adams and Mr. Rosell should make a survey of the situation with regard to material available on the subject of Socialized Medicine and also where this material should be distributed.

Doctor Cramer explained in detail the Hennepin County Medical Society plan. Doctor Sivertsen discussed a proposed plan, and Doctor Alberts discussed the plans that Ramsey County has in mind.

Submitted by those in attendance at the meeting of the Committee on Sickness Insurance, in St. Paul, on March 22, 1940.

A. W. ADSON, M.D.

REPORT OF THE COMMITTEE ON MEDICAL ECONOMICS

Developments affecting the economic side of medicine have gone on apace. Probably of outstanding importance has been the tactical defeat of the Wagner Bill, largely due to opposition developed in the ranks of federal authorities themselves. The forces of the American Medical Association and their friends were arrayed against it, and their stand was undoubtedly a powerful obstacle. Nevertheless, the change in the attitude of "high-

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er-ups" toward the proposed plans of the National Health Program apparently was the deciding factor. Of great importance is the recent change in attitude of federal authorities toward the representatives of organized medicine. Instead of the former ostracism from federal health councils, representative physicians of late have repeatedly been called on for counsel. The President's hospital bill, recently introduced in Congress, is a far cry from the National Health Program. It is quite probable that this bill will be modified according to the suggestions of officials of the American Medical Association. Some of the phases of Medicine are still playthings of social reformers and politicians, although for the time being at least there is a pause in their activities. It is barely possible that it has finally been realized that the physician is better equipped to make any necessary adjustments in medical distribution than the unholy alliance of social reformers and politicians. The idealistic stand of the physician toward Medicine seems to be rather difficult for some laymen to comprehend. That the physician will resist any changes which he believes will be detrimental to Medicine, even though they may be to his economic advantage, seems hard for the lay mind to grasp. The recent decision of the Appellate Court to the effect that Medicine is not necessarily a profession but can be regarded as a trade has imperiled the status of organized medicine. The case is now in the hands of the Supreme Court and its decision will be of great importance.*

During the past year several state and county medical societies have endeavored to solve the problem of the cost of medical care by voluntary sickness insurance carried on under their supervision. The State Medical Associations in California and Michigan, with the consent of the legislatures, have already set up plans for voluntary sickness insurance. It is too early to determine the results, but disappointment has been expressed because of the small number of subscribers who are availing themselves of this opportunity. Largely those with an income which would place them well above that of the medically indigent have availed themselves of it. This is true in spite of the fact that the monthly rate asked by the California Medical Association is so low that in the minds of many physicians it would be impossible to deliver good medical care. It would seem that some of the people who want changes, want them at little or no cost to themselves.

Theoretically it would seem that some form of voluntary sickness insurance would be an ideal solution of the problem. However, such insurance has many faults to be overcome. It has been claimed that compulsory health insurance is the only way to insure widespread acceptance. Those who are at all familiar with compulsory insurance, however, realize that there are but few who would be willing to see it adopted. The solution of the financial problems of medical care is necessarily in the hands of the physician and it will gradually be worked out in the best interests of all concerned.

The Minnesota State Medical Association has wisely continued its policy of observing the various attempts made by state and county societies to find some solution. Fortunately for us, there is no urgent need in Minnesota for adjustments other than those which are already being made by the physicians of various communities. It can safely be said that our Council and the committees interested will keep themselves informed.

The Bureau of Medical Economics of the American Medical Association published during the year the report of the nationwide Survey of the Demand and Supply of Medical Care, in which many members of the Minnesota State Medical Association took part. Great credit is due to the Bureau for the completion of this monumental undertaking. While the report from Minnesota was not as voluminous or complete as might be desirable, nevertheless it contained many data which were of definite value. Some states, such as Pennsylvania, New Jersey and others, made very painstaking and complete reports. Some of the county societies, particularly Cook County, spent much time and money in completing the survey and as a result made recommendations which were definite contributions to the medical situation in their counties. It is unfortunate that more physicians could not be induced to participate actively in the survey. The time undoubtedly will come when the medical profession will be called upon again to make an inventory, possibly in a more simplified form. Now that the physicians have been awakened to the value of such a survey, a more enthusiastic response is to be hoped for.

A meeting of the Sub-committees on Medical Economics was held in St. Paul in December, at which some of the more recent economic problems were discussed. A report of some of the discussions was published in the January number of MINNESOTA MEDICINE. There is no doubt that a meeting of this kind acts as a stimulus to the various sub-committees and also permits of more adequate cooperation.

At the request of the Council, a Committee on Sickness Insurance was appointed last fall. The membership of this committee is as follows: Dr. A. W. Adson, chairman, Dr. E. D. Anderson, Dr. L. A. Buie, Dr. R. R. Cranmer, Dr. O. W. Holcomb, Dr. G. C. MacRae, Dr. O. I. Sohlberg, Dr. W. W. Will. This committee promises to correlate all the information on this vital subject and should be of practical value in forming any new plans which might seem advisable to solve the problems involving insurance in our own state.

Of outstanding economic interest is the recent appointment by the Minnesota Division of Social Welfare of an Advisory Committee to cooperate with the head of the Division, Mr.

Walter Finke, on matters affecting medical care of those groups classified as indigent or medically indigent. This Advisory Committee is composed of the following members: Dr. A. W. Adson, chairman, Dr. E. J. Simons, Dr. C. A. Stewart, Dr. L. L. Sogge, Dr. W. A. Coventry, Mr. Walter Finke, and two ex-officio members, Dr. A. J. Chesley and Mr. R. R. Rosell. With the generous cooperation of Mr. Finke this committee has been successful in effecting a definite improvement in the status of the physician dealing with this class of patients. The report of this committee, which was submitted to the county contact committee, contains an excellent résumé of the progress which has been made.

During the year an attempt has been made by the Editorial Sub-committees to keep the members of our state association informed in the economic section of MINNESOTA MEDICINE as to current developments of economic interest. A perusal of these columns, together with those of the section of Organized Medicine in the *Journal of the American Medical Association* will keep every physician abreast of recent developments in the medical problems of economic interest which are of such vital importance to the future of Medicine.

W. F. BRAASCH, M.D.

Dr. M. C. Piper: I would like to make a preliminary suggestion if it is not out of place. It has occurred to me that some time in this program, somebody should express an appreciation to the Committees who have so faithfully performed their work during the year and brought in these very nice reports for us. Furthermore, it seems to me that we crowd this report of a year's work into the last part of the evening when we are all tired and not giving due emphasis to it. I should like to suggest that we give this part of the program of the Delegates more time and attention.

We advise the adoption of the recommendation in the first paragraph of the report of the Sub-committee on Professional Education in Medical Ethics and Social and Economic Trends; that the number of the Committee be reduced from the present eight members to three members, and that it be known as the Sub-committee on Medical Ethics. The Reference Committee wishes to add its recommendation regarding the series of undergraduate lectures as outlined by Dr. Diehl of the University.

The Reference Committee has no comment to make regarding the report of the Medical Advisory Committee.

We recommend the adoption of the report of the Sub-committee on Low Income and Indigent Problems and suggest the continuation of the activities of the committee. It is suggested, if feasible, some provision be made to acquaint the various County Medical Societies with the findings of the state survey referred to with suggestions regarding the relationship between County Medical Advisory Committees and County Welfare Boards. Of course, this resolution was drawn up before we heard this excellent discussion this evening.

We recommend the adoption of the report of the Committee on Contract Practice with the suggestion the Chairman be given the privilege of the floor for further amplification of a supplemental report.

The Reference Committee recommends the adoption of the report of the Committee on Industrial Relations.

The Reference Committee recommends the adoption of the report of the Editing and Publishing Committee, with this suggestion: that a vote of thanks be given on the part of the Association to Dr. Christison for his meritorious service on this committee. Furthermore, the Reference Committee wishes to compliment MINNESOTA MEDICINE on the publication of the supplemental issue of January, 1940, as well as for the favorable financial standing at this time.

The Reference Committee recommends the adoption of the report of the Committee on Sickness Insurance.

The Reference Committee recommends the adoption of the report of the Committee on Medical Economics and wishes to call attention to the statement in Paragraph 4 that there is no urgent need in Minnesota for adjustments other than those that are already being made, but feels that in a state, fortunately situ-

*Editor's Note: The case has now been remanded for trial to the District Court.

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ated as Minnesota is said to be, some definite plan of solution of the care of the indigent and of the people not on relief but unable to afford adequate medical care should be inaugurated by this Association.

Dr. F. A. Olson, Chairman of the Committee on Contract Practice, and Mr. F. Manley Brist, Attorney for the State Medical Association, gave supplemental reports but their remarks were not recorded. Dr. B. J. Branton and Dr. L. L. Sogge likewise gave supplemental but unrecorded reports.

It was moved, seconded and carried that the report of the Reference Committee on Medical Economics Reports be accepted.

A Committee on Resolutions, composed of Dr. D. P. Head, Dr. E. M. Hammes and Dr. E. C. Bayley, was appointed by Dr. Will to report at the next meeting of the House.

At the request of Dr. Will, the Necrology report was then given by Dr. B. B. Souster, Secretary, as follows:

NECROLOGIST'S REPORT

MEMBERS

Olav N. Birkeland, Hibbing. Born 1887. Northwestern University 1917. Died February 2, 1940. Aged 52.
Ernest H. Bohland, St. Paul. Born 1874. Minneapolis College of Physicians and Surgeons 1903. Died January 10, 1940. Aged 65.
E. E. Cress, Boyd. Born 1884. Northwestern University 1910. Died May 14, 1939. Aged 55.
John F. Cumming, Morris. Born 1898. University of Toronto 1922. Died July 12, 1939. Aged 42.
Charles E. Fawcett, Stewartville. Born 1869. Northwestern University 1893. Died December 8, 1939. Aged 70.
Henry P. Fischer, Shakopee. Born 1870. Wayne University 1894. Died January 24, 1940. Aged 68.
W. R. Hand, Elbow Lake. Born 1856. Cincinnati College of Medicine and Surgery 1877. Died May, 1939. Aged 83.
Elmer C. Hanson, Austin. Born 1896. University of Minnesota 1922. Died June 23, 1939. Aged 42.
Melvin M. Hauge, Clarkfield. Born 1876. Minneapolis College of Physicians and Surgeons 1907. Died January 31, 1940. Aged 64.
O. E. Heimark, Duluth. Born 1873. Hamline University 1899. Died July 17, 1939. Aged 66.
A. C. Jacobs, Elmore. Born 1852. Minnesota Hospital College 1886. Died June 28, 1939. Aged 87.
Benjamin W. Kelly, Aitkin. Born 1874. University of Michigan 1897. Died June 4, 1939. Aged 65.
Charles A. Lapiere, Minneapolis. Born 1870. Laval University 1892. Died June 29, 1939. Aged 69.
William J. Mayo, Rochester. Born 1861. University of Michigan 1883. Died July 28, 1939. Aged 76.
James McCrea, Fulda. Born 1863. McGill University 1894. Died December 19, 1939. Aged 76.
Martha B. Moorhead, Minneapolis. Born 1865. Women's Medical College of Pennsylvania, 1892. Died October 13, 1939. Aged 74.
Howard McI. Morton, Vincentown, N. J. Born 1868. University of Pennsylvania 1891. Died July 19, 1939. Aged 71.
Timothy J. Moynihan, St. Paul. Born 1878. Minneapolis College of Physicians and Surgeons 1906. Died March 8, 1940. Aged 62.
Fred H. Neher, St. Paul. Born 1891. Marquette University 1915. Died December 6, 1939. Aged 48.
Leonard J. Nilles, Rollingstone. Born 1902. University of Minnesota 1936. Died February 2, 1940. Aged 37.
Lida Osburn, Mankato. Born 1875. University of Minnesota 1900. Died March 11, 1940. Aged 65.
Edward L. Paulson, Minneapolis. Born 1883. University of Minnesota 1909. Died October 7, 1939. Aged 56.
Victor Rosseau, Maple Lake. Born 1872. University of Minnesota 1905. Died October 15, 1939. Aged 77.
Jacob C. Rothenburg, Springfield. Born 1860. University of Michigan 1885. Died October 1939. Aged 79.
Fred H. Stangl, St. Cloud. Born 1893. Rush Medical College 1919. Died March 19, 1940. Aged 46.
Eugene S. Strout, Minneapolis. Born 1862. University of Michigan 1891. Died June 25, 1939. Aged 77.
Lincoln A. Sukeforth, Duluth. Bowdoin 1886. Died April 8, 1940.
Theodore Thordarson, Minnesota. Born 1865. University of Illinois 1897. Died August 2, 1939. Aged 74.
James A. Watson, Minneapolis. Born 1867. Manitoba Medical College 1895. Died June 17, 1939. Aged 72.
Thomas T. Warham, Minneapolis. Born 1866. Minneapolis College of Physicians and Surgeons 1897. Died March 28, 1940. Aged 74.

FORMER MEMBERS

Guy R. Caley, Princeton. Died September 26, 1939.
Charles R. Christenson, Starbuck. Died January 14, 1940.
C. T. Granzer, Rochester. Died July 30, 1939.
George A. Kohler, Minneapolis. Died January 8, 1940.
Owen McKeon, St. Paul. Died December 29, 1939.

Dr. W. W. Will: I would like to ask the House of Delegates to stand in memory of the departed. (Delegates stood as requested.)

The House of Delegates will reconvene at the Cafe in the Kahler Hotel tomorrow.

The meeting adjourned.

HOUSE OF DELEGATES

Monday, April 22, 1940

Dr. W. W. Will introduced Dr. H. Z. Giffin, Chairman of the Council.

Dr. H. Z. GIFFIN: I have noticed from time to time that the Speaker of this House has considerable difficulty in getting the House to come to order. It occurred to me the House of Delegates had no gavel and also that we had an artist in wood in our membership, who might be persuaded to make the gavel for us. Accordingly, I approached Dr. Lemon on the matter and Dr. Lemon not only agreed to make a gavel but he worked assiduously at it and he has produced a work of art. I would like to have Dr. Lemon tell you about it. (Dr. Lemon's speech in full is published elsewhere in this issue.—Editor.)

Dr. W. W. Will: Dr. Lemon, on behalf of the Minnesota State Medical Association and this House of Delegates, I accept the gavel with a great deal of pleasure.

Upon being informed that a quorum of certified delegates was present by Chairman E. S. Boleyn of the Credentials Committee, Dr. Will then asked Dr. B. S. Adams of Hibbing to read a telegram from St. Louis (Missouri) Medical Society asking Minnesota delegates to the American Medical Association to vote for St. Louis for the 1943 convention of the Association. The motion was then made and seconded and carried to dispense with the reading of the minutes of the previous meeting.

Dr. W. W. Will: I see, sitting before me, a man before whom I appeared many, many years ago, as a student in fear and trembling. Perhaps the reason that I felt like a little boy in his presence was because he took such a fatherly interest in my class. They tell me he has grown older; I admit that his hair is a little bit grayer though he parts it just as he did all those years ago. He has been a president; he has been a member of the House of Delegates of the American Medical Association; he has done yeoman service in the Editing and Publishing Committee. Someone has said that he has retired. Now ordinarily, I would believe anything that a member of this House of Delegates might say, but when anyone tells me that Dr. J. T. Christison has retired, especially when there is a fight on in the interest of organized medicine, I must ask them to prove it. I am sure that this House of Delegates agrees with me that Dr. Christison has been one of the most valuable members of our Association, and don't ever let anyone tell you that Dr. Christison has retired. He has not; he is here with us today and we will hope that he will stand up at least and take a bow if he is given the opportunity. Perhaps you, yourselves, would like to express your feelings about Dr. Christison.

Dr. C. A. STEWART: Mr. Chairman, I would like to have the privilege of expressing my appreciation and genuine admiration for Dr. Christison. In the year that I was born, 1890, Dr. Christison received the degree of Doctor of Medicine from Long Island College. There is a story connected with his graduation. His final examination included a practical exam-

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ination in which he was assigned the sphenoid bone. It is said that he took the bone into the proctor and it is said that the proctor did not recognize the bone and passed him.

In 1895, Dr. Christison became Clinical Professor of Pediatrics at the University of Minnesota and as such, he enjoyed the distinction of being the first Clinical Professor of Pediatrics west of the Mississippi River. It was he who appointed Dr. Walter Ramsey and Dr. Julius Parker Sedgewick to the Department of Pediatrics. And in so doing he became, in truth, the father of Pediatrics in the state of Minnesota.

Dr. Christison has been identified with the Minnesota Medical School for something in excess of forty-seven out of the fifty-one years of its existence. In addition to these statistics, he has been president of this Medical Association; he has also been our delegate to the American Medical Association. And in addition, as it has already been mentioned, the guidance of MINNESOTA MEDICINE has been in his hands for many years. I consider it a pleasure here to be able to announce that an endowment fund derived from the earnings of MINNESOTA MEDICINE has been established. This endowment insures the future of the journal which he has fathered through all these years. This year the fund will receive something in excess of \$1,000. And we may well look upon this endowment as the J. T. Christison Endowment Fund. I thank you.

DR. E. M. HAMMES: Being one of Dr. Christison's old students, and living in his neighborhood, I would like to be allowed to say a few words about him.

I do not understand the Speaker of the House when he says that he approached Dr. Christison (we liked to call him Christy when we were students) with fear and trembling. I think he must have been the only student who ever approached Dr. Christison with fear and trembling. Dr. Christy has many pet babes and among them was the Pediatrics Department of the University of Minnesota, the State Medical Association, the American Medical Association and last but not least MINNESOTA MEDICINE.

It was in 1916 when the Council first talked about publishing a medical journal. In 1917, the president appointed a committee consisting of Drs. Scofield, Finkler, Hill and Buckley and one other member to consider the report on an offer made by the *St. Paul Medical Journal* to turn over this journal with all its assets to the Minnesota State Medical Association. Through the efforts of Drs. Buckley and Emmett Farr, both of whom are now deceased, and Dr. Christy, the offer was accepted and MINNESOTA MEDICINE was born.

It was in 1919 that Dr. Christy became a member of this committee and for at least the past ten or eleven years he was Chairman of the Committee. Through his untiring efforts, we now have a journal second to none, I believe, in this country.

Dr. Christy has traveled extensively to Europe and South America and I said to him a little while ago: "Christy, what are your hobbies, now?" He replied, "My hobbies are to see America last."

Of all the members of the medical faculty of the University, Christy was not only one of the most popular among the medical students—I do not know if Christy knows that or not, although it is true, but the friendship and affection which began in those days has continued and grown throughout the years, and we, his own students, still hold him in high esteem.

Dr. Christy, we want you to come here regularly for our meetings, every year for years to come. We still need your counsel and we still need your advice.

DR. W. H. AURAND: Mr. Speaker, there aren't many members of the old class of 1901 here, but I happen

to be one of them. We thought so much of Dr. Christison in those days, that we made him a member of our class of 1901.

DR. L. L. SOGGE: Sometimes we admire a tree because it produces beautiful flowers, and sometimes because it produces fruit. Those among us who attended Dr. Christy's classes feel that he was a flower to us medical men and that he produced fruit that we have enjoyed as long as we have known him.

I was a farmer boy when I went into his classes. Some of us were pretty discouraged at times; we thought it an almost impossible task to go through and complete the course, but I remember as plainly as if it were yesterday how Christy encouraged me. He is one of the men who helped me to get the courage to go through medical school and I shall never forget him.

DR. WILL: I am sure that there are many more of you who would like to express your thoughts in regard to Dr. Christy. I think, however, that I ought to offer a word of explanation as to why the fear and trembling. I, too, was a farmer boy, and Dr. Christy was a very distinguished looking man; he has never gotten over it either. He was like a father to us, too, but stand me up alongside of him now and you couldn't tell which was the father. Dr. Christy would say, "It's the way you live, of course." I think we ought to give you a little chance to say a word for yourself, Dr. Christy.

DR. J. T. CHRISTISON: Mr. Speaker and Gentlemen of the House: Just give me a minute to get the lump out of my throat.

I received, when I returned home a few days ago, a letter from that imp, couched in such terms that I could not resist the temptation to come to this meeting. It never occurred to me that you were going to put up a job like this on me. I was going to say that it is downright cruelty because "there ain't any such thing."

It is true enough that I probably passed a lot of you fellows when I shouldn't have done it; but at the same time, you were all boys to me and you always will be. Some years ago, at a meeting of this Association in Minneapolis, I took the liberty of saying that the members of the State Medical Association of Minnesota were, individually, the finest lot of men I have ever known, but collectively, you weren't worth a damn.

Since that time, many things have happened.

We had under consideration, at that time, the plan of selling the State Society to the County Societies and our dear, beloved friend, Herman Johnson, was the sponsor of the movement. He enlisted the services of Dr. Savage, Dr. Sogge, myself and some others, and I think, between us, we put it over. So that today, Minnesota is recognized by the American Medical Association as one of the outstanding subordinate societies in its entire membership. The little things that I have done I regard as simply my duty. When I first entered the teaching service of the Medical College, it wasn't much of a school to tell the truth. But the students were earnest, hardworking boys, and they deserved what they got.

Speaking of Herman Johnson, I remember an examination I gave to the class of 1901, of which he was a member. I wrote the question on the board and told the boys I was going over to smoke a pipe with Westbrook. They might write until they got tired and I would be back in an hour and a half. When I came back, there was only one man in the room. He was on the top row in the benches in Millard Hall, writing away for dear life. I tiptoed up and looked over his shoulder; he had about seven or eight pages of foolscap closely written. I said to him, "Herman,

(I knew most of the boys then, you know, by their first name), what on earth are you doing?" So intent had he been on his writing that he jumped when I spoke to him. "I'm trying to complete this examination because getting through medical school means a lot to me," he said. "Herman," I said, "let me see what you have got there."

He handed me the sheaf of papers and I looked at them. "Well, Herman," I said, "I don't know if you are trying to write a book, or what you are trying to do, but if you expect me to read all that stuff, you are jolly well mistaken." I took the test, and folded it up, marked "B" on it, and handed it back.

This comprehensive business that they have now at the end of the year did not appeal to us fellows at all. After we had had a group for six weeks, we knew who was going to pass and who wasn't. We interrogated them as we went along, and we found out if they were getting any good out of our lectures and whether the clinics, which we were giving them, were bearing fruit. And perhaps you got what you deserved after all.

Perhaps if I had known what was contemplated, I might have skipped out; but no one, I am sure, could appreciate more than I, the kindly feelings that prompted these remarks, and from the bottom of my heart, I thank you.

Dr. W. W. Will: I am going to depart from the usual proceedings and call at this time for election of officers.

The Speaker then called for nominations for the office of President-elect.

Dr. B. J. Branton of Willmar was nominated for the position of *president-elect* by Dr. S. A. Slater of Worthington. There being no further nominations, it was moved, seconded and carried that the nominations be closed and that the secretary cast a unanimous ballot for Dr. B. J. Branton for the office of President-elect.

In response to a request from the Speaker, Dr. Branton acknowledged his election to the position of president-elect and recalled that he had graduated from medical school with Dr. Sogge and Dr. Will and many others who were present among the delegates. He hoped to be able to follow worthily in their footsteps as president of the Minnesota State Medical Association. He declared that to be elected president by colleagues in the same profession is the greatest honor that could come to any man in a lifetime. He thanked the delegates from the bottom of his heart and expressed the hope that he would be able to measure up to the men who preceded him in office. He foresaw pitfalls for medicine in 1941 and bespoke the coöperation of all to avoid them and to maintain the high standards of medicine in Minnesota.

Dr. Albert Fritsche of New Ulm was nominated for the position of *first vice president* and there being no further nominations, it was moved, seconded and carried that the nominations be closed, and the secretary be instructed to cast the unanimous ballot for Dr. Fritsche for first vice president.

Dr. F. J. Heck of Rochester was nominated for the position of *second vice president*, and there being no further nominations, it was moved, seconded and carried that the nominations be closed, and the secretary be instructed to cast the unanimous ballot for Dr. Heck for second vice president.

Dr. B. B. Souster of St. Paul was nominated to succeed himself as *secretary*, and there being no further nominations, it was moved, seconded and carried that the nominations be closed and that the president be

instructed to cast the unanimous ballot for Dr. Souster for secretary.

Dr. W. H. Condit of Minneapolis was nominated to succeed himself for the position of *treasurer*, and there being no further nominations, it was moved, seconded and carried that the nominations be closed and that the president be instructed to cast the unanimous ballot for Dr. Condit as treasurer.

Dr. W. W. Will of Bertha was nominated to succeed himself as *Speaker of the House of Delegates*. Dr. E. A. Meyerding, vice speaker, was asked by Speaker Will to take the chair. There being no further nominations, it was moved, seconded and carried that the nominations be closed and that the secretary be instructed to cast a unanimous ballot for Dr. Will to succeed himself as Speaker of the House of Delegates.

Dr. Will resumed the chair and **Dr. E. A. Meyerding** of St. Paul was nominated to succeed himself for the position of *vice speaker*. It was moved, seconded and carried that the nominations be closed and that the secretary be instructed to cast a unanimous ballot for Dr. Meyerding for vice speaker.

Dr. Carl M. Johnson of Dawson was nominated as *Councilor of the Third District* to succeed Dr. B. J. Branton, previously elected to the position of President-elect, and it was moved, seconded and carried that the nominations be closed and that the secretary be instructed to cast a unanimous ballot for Dr. Johnson as Councilor of the Third District.

Dr. E. M. Jones of St. Paul was nominated to succeed himself as *Councilor of the Fifth District*. There being no further nominations, it was moved, seconded and carried that the secretary be instructed to cast a unanimous ballot for Dr. Jones as Councilor of the Fifth District.

Dr. E. J. Simons of Swanville was nominated to succeed himself as *Councilor of the Seventh District*. There being no further nominations, it was moved, seconded and carried that the nominations be closed and that the secretary be instructed to cast a unanimous ballot for Dr. Simons as Councilor of the Seventh District.

Dr. W. A. Coventry of Duluth and **Dr. W. F. Braasch** of Rochester were nominated to succeed themselves as *Delegates to the American Medical Association* with **Dr. J. C. Hultkrans** of Minneapolis and **Dr. W. L. Burnap** of Fergus Falls as *Alternates*. There being no further nominations for any of these offices, it was moved, seconded and carried that the nominations be closed and that the Secretary cast a unanimous ballot for these four men as Delegates and Alternates to the American Medical Association.

Dr. W. W. Will then called for Dr. T. B. Magath to present a resolution to the House of Delegates.

DR. T. B. MAGATH: I am speaking not as a member of the State Board of Health but as Chairman of the Executive Committee of the American Society of Clinical Pathologists, and a member of the organization of Pathologists of this state.

For many years, the Pathologists have been cognizant of the fact that the entering wedge in Corporate and State Medical Practice was through their specialty. Three problems have confronted us through these years. One is the practice of laboratory medicine by lay-groups, which came to a head in Pennsylvania this year when the court decided that the practice of laboratory medicine was the practice of medicine and that in

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order to practice medicine in Pennsylvania, you had to have a license.

The second is the practice of pathology, and anesthesia, and radiology by the hospitals. We have maintained that the hospitals have no right to practice medicine. They therefore have no right to practice radiology, pathology, and anesthesia, or any other specialties of medicine.

The third is the State Board of Health situation, which is not very serious in this state, but which has reached enormous proportions in many other states. As a matter of fact, even in this state, there are no private practitioners of pathology who get their living by the practice of pathology alone. Through Federal grants in aid, the Federal Government is able to dictate to State Departments of Health how funds shall be spent, and there have been many federal grants in aid to state laboratories. The only way to avoid such dictation is to refuse to receive the money. As a matter of fact, three states have refused to receive federal money in certain maternal welfare programs and in certain other situations. But because their funds are so large in proportion to state funds, it has been impossible for state laboratories or state boards of health to refuse them in the majority of cases for perfectly obvious reasons.

The situation thus created is extremely critical for the practice of clinical laboratory medicine. We are faced with a kind of parting of the ways. If the situation is to continue, there will be no practice of pathology as such, and one has only to cite the fact that at the present time, there are from eight to ten jobs open for one pathologist who is able to take them. To show how serious the situation is, naturally young men will not go into pathology unless there is a possibility of remuneration in private practice in that particular field.

As pathologists, we feel that if this tendency continues, and if this is to be the order of the day, there is no reason why State Boards of Health or other state or municipal organizations may not practice any form of medicine. We see, according to newspaper accounts, that Surgeon General Parran has advocated that future diagnosis in cancer must be made available free of charge to anyone who wants it. Why he has not said that the operation for the removal of the cancer should be free I cannot understand.

In any case, pathologists feel that it is time now to have on record some resolution by the American Medical Association, pointing out the principle on which pathology should be practiced by State Boards of Health. It should be said in the beginning that there is absolutely no contention on the part of any pathologist that the State Board of Health should not control communicable disease in any way that it sees fit. That is the prerogative of the Board and must not be interfered with by anyone.

They do not believe, however, that the state laboratory has any right to do laboratory medicine for people who are able to pay for it. And that is the only principle on which we base this resolution. We believe that the same policy applies to all branches of medicine and that it is fundamental to the practice of medical arts as we know it today.

It may interest you to know that there are probably less than one thousand pathologists in the United States qualified to practice pathology today. The situation has been presented to the Board of Trustees of the American Medical Association, and the Trustees have suggested that we return to our several states and present to them resolutions of the character of the resolution which I am about to read you now. Similar resolutions will be presented to other state medical societies throughout the United States.

"WHEREAS the continued growth and development of that branch of medicine known as clinical pathology is necessary for the proper diagnosis and treatment of the sick and is essential to the science of medicine; and

"WHEREAS the natural growth of laboratories of state boards of health has been greatly augmented by grants-in-aid from the federal government; and

"WHEREAS the effect of these grants-in-aids is to extend these services to all citizens without regard to their ability to pay; and

"WHEREAS the excessive development of laboratory medicine by state boards of health serves as an entering wedge for state medical practice which apparently will include all medical specialties; and

"WHEREAS these tendencies result in the curtailment of the private practice of clinical pathology, which practice is essential for the continued growth and development of clinical pathology;

"BE IT THEREFORE RESOLVED that the House of Delegates of the State Medical Society recommends to the authorities of the State Board of Health that they consider limiting the services offered by the laboratories of the Board. In general, laboratory services by the State Board of Health Laboratories should be confined to requests made by health officers or others in authority representing municipal, township, county and state organizations, and requests from physicians whose patients find it difficult or impossible to pay the cost of laboratory services of this kind in the usual and customary manner. In general, laboratories of the State Board of Health should not provide services at the tax payers' expense to persons who are able to provide for themselves."

I should like to say in conclusion that the State Board of Health in Minnesota does not extend its services to clinical pathology and into other such services. It has confined itself rather generally to the control of communicable diseases. However, it is time that somebody in authority took the position that certain principles must be adhered to in the practice of medicine, and these principles apply to all specialties.

At this time Dr. W. W. Will called upon Dr. H. Z. Giffin, Chairman of the Council, to present a report of the day's Council meeting.

DR. H. Z. GIFFIN: The resolution just presented by Dr. Magath was considered by the Council today and approved and referred to the House of Delegates for action. The Council met with the State Board of Health this morning and several matters discussed were referred to the various committees and need not be presented at this time to the House of Delegates.

One other matter, that of the resolution sent by the Oregon State Medical Society, concerning the exhibit of the Mayo Foundation at the Fair in San Francisco and also the story and pictures about the Mayo Clinic which appeared in *Life* magazine, was considered by a committee of the Council consisting of Dr. Jones, Dr. Elias, Dr. Sogge, and Dr. Earl, who have presented a report and formulated a letter which received the unanimous approval of the Council this morning, and which will be referred at this meeting to the House of Delegates.

Other matters that were considered this morning need not, I believe, be referred to the House of Delegates.

Dr. J. P. McDowell inquired if the resolution involved in any way the question of nurses giving anesthetics in hospitals, and Dr. P. C. Leck of Austin asked if the resolution affected in any way the present practice of the State Board of Health in the matter of Wassermann tests.

DR. T. B. MAGATH: As you probably notice, the resolution is couched in the most general terms. As I said, the immediate effect in this state will certainly be nil because at the present time, this state has no laboratory that is set up on the basis of giving free laboratory tests to all.

If the principle is enunciated, however, we are hoping and expecting that ultimately young men who will practice pathology will come into this state. I am quite familiar with all of the obvious arguments and objections to this plan, not the least of which is that Wassermanns may be done in large quantities in a central place, done well and done efficiently. That is only one side of the argument.

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We are maintaining that a pathologist is still a useful animal and that if he is around, he will do other things besides Wassermanns. If he can't make a living by doing Pathology, he won't be in Pathology, and you won't have any Pathologists. That is all there is to the whole problem.

It was moved, seconded and carried that the resolution be approved. At the request of the Speaker of the House, Dr. D. P. Head read the following resolutions which were approved by the Committee on Resolutions, and presented for action by the House of Delegates.

RESOLUTION ON THE STATE BOARD OF HEALTH

WHEREAS the State Board of Health and its secretary and executive officer, Dr. A. J. Chesley, have consistently worked with the Council of the Minnesota State Medical Association, not only in carrying out all branches of their established program, but in the inauguration of new activities made possible by federal appropriation; and

WHEREAS they have made invaluable contributions to the program of this association including the important statistical studies prepared especially for our monthly packets, and

WHEREAS they have used a considerable portion of federal funds allotted to Minnesota for the postgraduate education of our members out in the field and at the Center for Continuation Study on the University Campus,

BE IT THEREFORE RESOLVED that this House of Delegates express its deep appreciation to Dr. Chesley and his associates both for his cooperation in matters of policy and for his aid to our program and members, and

BE IT FURTHER RESOLVED that this House commends the Board and Dr. Chesley and their aids for their outstanding achievements in public health in Minnesota.

The courtesy extended our members and guests and the fine accommodations provided by the Rochester hotels, have greatly added to the comfort and enjoyment of all who attended this outstanding meeting. The House of Delegates extends its thanks and appreciation to managements and staffs of all of these institutions and to the people of Rochester who cooperated with them in providing added accommodations for guests.

Five distinguished out of state speakers have appeared before this convention through the courtesy of the following special societies: Minnesota Society of Internal Medicine, Northwestern Pediatric Society, Minnesota Radiological Society, Trudeau Society and the Northern Minnesota Medical Association.

In sponsoring these speakers the special societies have made inestimable contribution to our meetings which is gratefully acknowledged by this House.

Most of the credit for the fine arrangements made for this meeting goes to our host society, the Olmsted-Houston-Fillmore-Dodge County Medical Society and its active local arrangements committee under the chairmanship of Dr. F. J. Heck. To Dr. Heck and his committee and to every member of the Society, the House of Delegates in session here expresses its warm appreciation and gratitude.

WHEREAS a new policy by which the advice of physicians is sought by the Division of Social Welfare at each step in the re-organization of welfare work in the state, wherever medical care is involved; and

WHEREAS by this policy medical care of the needy is now being established on a better basis than ever before in the state; and

WHEREAS this new policy has been put into effect by Mr. Walter Finke, Director of the Division, and Dr. H. E. Hilleboe, Medical Coordinator, and their aids, be it therefore

RESOLVED that this House of Delegates profoundly appreciates the sympathetic cooperation of Mr. Finke and his associates and endorses his plan of close cooperation between physicians and welfare workers to the end that the welfare clients may have the best possible medical care in Minnesota.

BE IT ALSO RESOLVED that this House of Delegates offers Mr. Finke and his aids the fullest cooperation and support.

The House of Delegates wishes to express its obligation to the *Rochester Post Bulletin* and to the *Minneapolis, St. Paul and Duluth papers* including the *Minneapolis Star Journal*, the *Minneapolis Times Tribune*, the *St. Paul Dispatch* and *Pioneer Press*, and the *Duluth Herald and News Tribune* for their excellent reporting and treatment of scientific sessions held in connection with the meeting of the Minnesota State Medical Association at Rochester and for their generous contribution of space to advance announcements. The importance of accurate reporting of medical news is well recognized by the members of this House and the cooperation of these newspapers is thoroughly appreciated.

Radio time for three statewide broadcasts by distinguished guest speakers was generously provided by KROC, KSTP and affiliated stations of the Minnesota network. These broadcasts contributed much to the interest and value of the meeting of the Minnesota State Medical Association at Rochester and the warm thanks of the House of Delegates to stations KROC, KSTP and associates is hereby extended.

The grateful appreciation of this House is accordingly extended to every member of the Clinic Staff for the fine entertainment in which the Clinic acted with the Olmsted-Houston-Fillmore-Dodge County Medical Society as host, for their courtesy and helpfulness in every detail of this meeting and especially for their kindness in opening their homes to convention visitors who were unable to secure reservations in the hotels.

The Speaker then called for discussion of these resolutions.

Dr. C. R. DRAKE (Minneapolis): I second the resolution concerning Dr. Chesley most heartily. Last time I saw Dr. Chesley, outside this meeting, was down in St. Louis at a meeting of the National Association of Administrators of Schools. School people have many ideas about health; some of them good and some are poor; some of them are ridiculous. However, Dr. Chesley was on the job and I feel that our group put up the best argument all along the line. As a result of Dr. Chesley's work, I feel sure the organization will be guided largely by the medical profession.

It was moved, seconded and carried that the resolution be accepted.

The Speaker then called for the report of the Special Committee of which Dr. E. M. Jones of St. Paul was Chairman.

DR. E. M. JONES:

We have carefully reviewed the report of the Reference Committee on Executive Session of the Oregon State Medical Society pertaining to two matters of so-called "MAYO CLINIC PUBLICITY" and which report was forwarded to the Council of the Minnesota State Medical Association by Morris L. Bridgeman, M.D., Secretary of the Oregon State Medical Society, and, by Olin West, M.D., Secretary and General Manager of the American Medical Association.

The first of these two matters concerns certain alleged publicity regarding the Mayo Clinic and Mayo Foundation scientific exhibit at the San Francisco Fair in 1939, it being the claim of the House of Delegates of the Oregon State Medical Society that the exhibit "while ostensibly of a scientific character, is presented in such form as to make it a means of attracting patronage and hence commercial in nature."

We beg to most respectfully report that we have very carefully examined the facts and circumstances leading up to the participation by the Mayo Clinic and the Mayo Foundation in this scientific exhibit and we find the facts to be undisputed that the Mayo Clinic and the Mayo Foundation received numerous and repeated requests to assist in the presentation of such scientific exhibit at that Fair from members and officers of the California State Medical Society; that these requests were rejected by the Mayo Clinic and the Mayo Foundation; that following repeated renewal of such request the Mayo Clinic and the Mayo Foundation out of courtesy to those making the request reconsidered the matter and after discussing it with members and officers of the California State Medical Society and others, agreed to participate in such scientific exhibit provided that the exhibit first met with the approval of the members of the California State Medical Society with the distinct understanding that the exhibit would be maintained at the Fair only during 1939; that upon termination of the Fair, and before any decision was reached as to whether or not the Fair would reopen in 1940, this scientific exhibit was ordered dismantled by the Mayo Clinic and the Mayo Foundation and returned in spite of repeated requests to have it remain during the Fair in 1940.

This committee is thoroughly convinced that this exhibit was purely of a scientific nature and that the Mayo Clinic and the Mayo Foundation were actuated solely by a desire to present such scientific exhibit in acquiescence to the repeated requests from persons of high repute and standing in the profession of medicine in the State of California and who had no interest in the Mayo Clinic or in the Mayo Foundation and who were not motivated by any desire of attracting patronage to the Mayo Clinic or the Mayo Foundation, and who were interested solely in having at the California Fair a high type of scientific exhibit in the field of medicine that would interest visitors to the Fair.

Consequently, this committee is convinced following careful examination of the facts, including correspondence and telegrams in reference to the exhibit, that the exhibit was neither commercial in nature nor was the Mayo Clinic or the Mayo Foundation motivated by anything except the highest ideals and principles underlying the practice of medicine in their participation in this exhibit.

This Committee most respectfully wishes to inform the Council that it has carefully considered the second matter referred to by the House of Delegates of the Oregon State Medical Society concerning the Mayo Clinic and the Mayo Foundation, to-wit, the claimed impropriety of an article that appeared in *Life* magazine for September 4, 1939. It is the position of the House of Delegates of the Oregon State Medical Society that this article which makes reference to a

specified number of physicians on the staff of the Mayo Clinic and also makes reference to the alleged number of patients who register in one day at the Mayo Clinic and claimed approximate number of operations performed in one year by members of the staff of the Mayo Clinic is improper, it being claimed that the article in question "is generously illustrated with various photographs and charts outlining the organization and operation of the Clinic and Foundation" and the conclusion on the part of the House of Delegates of the Oregon State Medical Society that the "obvious effect of this type of publicity in a lay publication is to attract patients," and the further expression of opinion on their part that "publicity of these types has obvious commercial implications and is not in the best interests of the medical profession and is to be condemned," the recommendation of the House of Delegates of the Oregon State Medical Society being "that this publicity of the Mayo Clinic and the Mayo Foundation be called to the attention of the American Medical Association and all the constituent state medical associations. . .," the inference being that this so-called publicity was inspired and approved by the Mayo Clinic and the Mayo Foundation.

Your committee has made a most painstaking examination of the facts leading up to the publication of the article referred to in *Life* magazine and we find that the evidence is overwhelming; that this article was neither inspired nor approved by the Mayo Clinic or the Mayo Foundation. In fact, the facts show that the Mayo Clinic and the Mayo Foundation at no time furnished *Life* magazine nor any one connected with that magazine directly or indirectly, with any material or with any pictures to be used in such an article and furthermore, upon learning the *Life* magazine intended to publish such an article, immediately conferred with the officers of the Minnesota State Medical Association and with a number of officers and trustees of the American Medical Association and in addition sought legal advice to determine if there was not some way in which the Mayo Clinic and the Mayo Foundation could dissuade or stop through legal means, the publication of any such article. It was then discovered that no amount of persuasion would deter *Life* magazine from obtaining such an article and it was also learned that no legal steps could be taken to enjoin *Life* magazine from publishing such material, correct or otherwise, as they had been able to gather through their own employees.

The facts disclose that a number of the pictures are outdoor pictures, candid snapshots taken in the lobby and in the halls together with sketches that were made by employees of *Life* magazine showing diagrammatic outline of the floor plan, the responsibility for which can in no manner be attributed to the Mayo Clinic or the Mayo Foundation.

It is quite apparent from the article itself and the pictures that were published that it is a simple matter for any publication, magazine or otherwise, to obtain such information and views without the consent or even the knowledge of the Mayo Clinic, the Mayo Foundation or any one else in the practice of medicine similarly situated.

Your committee believes that the medical profession of the State of Minnesota would be the first ones to criticize and publicly condemn any professional impropriety, either by way of misconduct or publicity motivated through any selfish desires. We also believe that careful examination of the facts in respect to both of these matters clearly demonstrates the lack of merit in the position taken by the House of Delegates of the Oregon State Medical Society and also indicates conclusively their lack of knowledge of the true facts.

The Mayo Clinic in presenting their case invite suggestions from any state or national medical organization to assist them in avoiding any future similar occurrences.

In conclusion your committee would recommend to the Council and to the House of Delegates that they have reviewed the facts pertaining to the resolution presented by the House of Delegates of the Oregon State Medical Society in reference to both these matters and find that the facts themselves refute the position taken by the House of Delegates of the Oregon State Medical Society and clearly show no improper motive whatsoever in respect to the scientific exhibit at the California Fair, and, also show that the article that appeared in *Life* magazine was neither inspired nor approved by the Mayo Clinic or the Mayo Foundation and the publication of any article was disapproved of by them in advance of its publication; that this committee is not unmindful of the contribution made by the Mayo Foundation to the education and training of physicians and surgeons who practice throughout the world and to the specific benefit that accrues to the State of Minnesota and the University of Minnesota by virtue of the Mayo Foundation and we would most respectfully recommend that suitable action be taken by the Council and by the House of Delegates of this Society setting forth the opinion of both such bodies in reference to this matter and that copies thereof be furnished the Oregon State Medical Society, the American Medical Association and any other constituent state medical association that was the recipient of the report of the House of Delegates of the Oregon State Medical Society in reference to this matter.

Dr. W. W. WILL: Thank you, Dr. Jones. I hope that we may have more discussion of this matter. First of all, I would like to ask Mr. Harwick, Secretary of the Board of Governors of the Mayo Clinic, to say a few words.

Mr. H. J. HARWICK: Mr. Speaker, Gentlemen: I have quite a complete file here and I'll try to condense it, taking the *Life* matter first.

In May, 1938, Miss Dorothy Larson, representing *Life*, came to the Clinic and requested permission to publish a pictorial story regarding the Clinic. At that time she was seen by Dr. Balfour and myself, and we persuaded her not to proceed. She, at that time, brought up the question of a series of picture articles, picture stories, of medical centers throughout the United States. We gave her no assurance of our participation in that but referred her to the officers of the American Medical Association. She told me at that time that she was going to see Dr. Fishbein. I attended the meeting of the American Medical Association in San Francisco in June, 1938, and happened to be on the same train with Dr. Fishbein; I discussed this matter fully with him, and he agreed to follow it through with Miss Larson when he got out in San Francisco.

We heard no more about the matter until September, 1938, when Dr. Balfour received a request directly from the publisher of *Life*, Mr. Roy Larson, no relation to Miss Larson, again requesting permission to publish this story. To this Dr. Balfour replied as follows: "I'll skip part of it here—"We appreciate the compliment entailed in wishing us to do this, and know that your staff would set out to prepare something which would avoid as much as possible any criticism; but we have always endeavored to adhere to what the medical profession believes to be the fundamental principles of the practice of medicine, and we would feel that regardless of how such a story is pictured we would be placed in a false position."

"In spite of the fact that you have published pictorial stories of scientific institutions which you mentioned in your letter, the primary function of the Mayo Clinic is the care of the sick and since these patients are, to a large extent, private patients, we strive to live up to those principles governing their care. We hope you will see our position in the matter, etc."

Then he adds: "If in the future, the American Medical Association should desire to cooperate with you in the preparation of an article in which we might be of assistance, we would be glad to give it consideration."

We heard no more of that; that was in September. We heard no more until July, 1939, when Miss Larson appeared in Rochester without advance notice and told us, Dr. Balfour, and myself, she had been sent by the editorial board of *Life* to get a story, the photographers were on their way and that her instructions were to proceed with the story regardless of our opposition. Dr. Balfour, Dr. Mussey, Chairman of our Board of Governors, and myself had no success in attempting to persuade her that the article should not be done. We were very definite in stating to her that we would not grant permission for pictures inside the Clinic.

It was then decided to seek the advice of the Minnesota State Medical Association and the American Medical Association. Accordingly, Dr. Giffin of the Clinic Staff, Chairman of the Council of the State Society; Dr. Braasch, a delegate from Minnesota to the A.M.A., asked Dr. Earl, President of the State Society; Dr. Savage, Delegate to the A.M.A., and Dr. C. B. Wright of Minneapolis, Member of the Board of Trustees, to come to Rochester for a conference, which they very graciously agreed to do. Dr. Balfour also communicated with Dr. Fishbein by telephone. We pointed out that we could not prevent *Life* from publishing the story on Rochester and including photographs of the outside of the Clinic. He emphatically advised against giving permission to take pictures inside the Clinic. Dr. Fishbein also said he would see the Editors of *Life* about the middle of August and would present to them the viewpoint of the medical profession and of the Clinic.

He communicated immediately with one of the higher officials of *Life* who later telephoned Dr. Balfour and also telephoned me again asking permission to proceed with the story and pictures. He was definitely told by both of us that this could not be done. Dr. Wright, Dr. Earl and Dr. Savage and Dr. Henderson of Louisville, another member of the Board of Trustees of the A.M.A., who happened to be in Rochester at the time, had dinner with Miss Larson and discussed the matter at length. Following that meeting Dr. Braasch, Dr. Giffin and myself, met with them and with Miss Larson. These gentlemen had expressed themselves as seeing no objection, if *Life* planned a series of articles regarding medical institutions of this kind, to the Clinic's being portrayed as one of such institutions.

The result of this conference was presented to the Board of Governors of our Clinic on Wednesday, July 26. By the way, Miss Larson was present at that meeting; we asked her to be there; after discussion, the Board unanimously decided that the Clinic could not give permission for, nor sponsor such publicity. It was further decided that a disclaimer, denying any responsibility for any article that appeared in *Life* should be prepared; and I wrote Mr. Larson, the publisher of *Life*, as follows: "After several conferences with Miss Dorothy Larson, the officers of the State Medical Association, and after communicating with Dr. Fishbein of the American Medical Association, and two trustees, Dr. Wright of Minneapolis and Dr. Henderson of Louisville, the Board of Governors of the Clinic met today and reviewed with Miss Larson the entire situation. It was the unanimous opinion of the Board that we could not authorize a story on the Mayo Clinic nor pictures to be taken within the Clinic. Since the purpose of such a plan would be entirely contrary to our ideals of how a medical practice should be conducted and not in accordance with the ideals of the medical profession, since we cannot give approval, we hope some way can be found to make our position in this matter clear, should you not respect our wishes in this as you have so courteously done in the past."

To this letter, Mr. Larson replied as follows, and this is a gem: "Thank you for your kind letter of July 26th. We are indeed distressed that the Board of Governors of the Mayo Clinic were unable to co-operate with us in producing what we hope will be a very fine essay on one of the great medical centers of the world. If and when we use the pictures of Rochester as a medical city, we shall certainly attempt to make it clear to the reader that the story was neither sponsored nor sanctioned by your Board of Governors." Now that was not done. This last sentence is a gem, too. "I hope that the day will come when *Life* and the Mayo Clinic can work together in promoting the interests of medicine." (Laughter.)

We then wrote and thanked these gentlemen that so kindly came down. We didn't know when they left that the article was going to come out; we didn't know it until the day before it appeared. I think, Dr. Giffin, that you acquainted the Council at different times with what was going on, did you not?

Now our file in connection with the Exposition is not so complete. I have to rely on memory for part of it. As I recall, first in 1937, certain members of our staff received letters from various officers of the California State Medical Society, inquiring as to whether we would be willing to show an exhibit on clinical medicine at the California Exposition. The matter was brought up to our Board of Governors, and we felt that we had better not participate. We didn't know what the Fair was going to be; we didn't know much about the scientific exhibits that were going to be out there. We had had the exhibit at Chicago which had been a good deal of grief and a heavy expense to us, and we didn't feel that we wanted to go ahead. The pressure kept getting harder and hard-

er. Finally the retiring president of the association called Dr. W. J. Mayo and told him that the members of the California Association were very much interested in having this exhibit, that they were having difficulty getting any clinical institution out there to exhibit, that they felt it would be unfortunate if the Exposition went on without some exhibit of clinical medicine, that we were the only people that they could see in the country who might be willing and able to do it, and that they felt it was our duty to medicine to put it on. Dr. Will agreed to do it. However, we did not sign the contracts; the thing dawdled along until, I think it was April or May of 1938, and meanwhile we had consulted with the people of the American Medical Association in Chicago and had explained the thing to them. They had told us that they could see no reason why we should not exhibit; in fact, they rather urged us to do so and arranged so that our space would be adjacent to theirs.

The American College of Surgeons were also going to exhibit, but in April or May—I don't recall the exact time—they decided not to exhibit. Meanwhile, we had not signed any contract; so I went to San Francisco, and I talked with the man who was President of the American College of Surgeons. He told me the reason they had decided not to exhibit. First, that they didn't have the funds on hand to use for that purpose; and greater than that, they couldn't find anyone in their organization who was willing to go to the grief and trouble of preparing an exhibit. He said that there was nothing in their decision involving the ethical position. They felt it was perfectly sound, and that they could see no reason why we shouldn't exhibit; in fact, he expressed himself as being sorry that the American College was not going to exhibit. I talked to him about the gentleman who had been delegated by the State Society as the Scientific Director, Dr. Silverman, and he spoke of him in the very highest terms, stating that he would feel perfectly confident of anything that this man proposed to put on as an exhibit. I then consulted another old friend of ours out there, Past President of the American Medical Association and a Past President of the State Society and a member of one of their important committees, and he said very much the same thing in stronger terms. He very much urged us to exhibit, and he spoke in the highest terms of Dr. Silverman, the Director of the Exhibits; he made this comment, however: "If you do exhibit, I hope you don't put it up in too high faluting a way." He said, "I think you should put up an exhibit of clinical medicine in a way that lay public can understand. If you put a lot of charts and other scientific things, the public won't be interested and it will be of no instructive value."

We discussed the exhibits of the University of California and Stanford University which were in the same corridor, and he strongly urged us to exhibit. We, Dr. Mussey and I, went all over the building, then half completed, and found where our space was going to be, got a diagram and a story of what the other exhibits were going to be there. Meanwhile at the A.M.A. meeting we talked with many members of the California Society and members of the American Medical Society from other states and almost without exception they urged us to participate. We finally signed a contract in November, I think—and the Fair was to open in February. As Dr. Jones mentioned, we made it clear that we would not exhibit more than one year, that we would not come in for the second year. We did not. We dismantled our exhibit and had it sent home, and in January we received a telegram from the Secretary of the California State Society urging very strongly that we continue our exhibit for 1940; we have also had several telegrams and letters from the Director of the Public Health Service in California since then urging us to exhibit in 1940. But we have not done so, and do not intend

to do so. I think that in a rough way covers it. (Applause.)

It was moved and seconded that the House of Delegates adopt the resolution as read by Dr. Jones. Carried.

Dr. Will then called for discussion.

DR. GEORGE EARL: Last year in my capacity as an officer of the State Medical Association, I was called to a meeting in Rochester, along with Frank Savage, Delegate to the American Medical Association, and C. B. Wright, Trustee of the American Medical Association, to meet Miss Larson, representative of *Life* magazine.

Miss Larson presented the statements that have been given you; namely, that representatives of *Life* magazine had been to Rochester on a former occasion; that they had taken pictures previously; and that they were now ready to go ahead and publish. They had been persuaded to hold up publication for a year, Miss Larson said, but she was of the opinion that the editorial board of *Life* would now release the pictures. They had sent her out to secure more pictures if possible, and as much more information as she could secure. The members of the Clinic, as well as those of us who represented the State Society and the American Medical Association tried to point out to Miss Larson that this would be a difficult matter for organized medicine in Minnesota. We sensed from what she said that *Life* magazine would go ahead anyway so then we tried to compromise and suggested that she begin with a series of articles reflecting the beginnings of American medicine; that she start first with Philadelphia, go on to Boston, New York, Baltimore, Chicago, taking in Rochester, of course, since it would have to be taken in any review of American medicine, and going on to the coast, giving in this matter a cross section of the history of medicine in which the torch was carried ever westward.

Miss Larson promised to present our ideas to the editors of *Life*. We went further; we said that as long as the Mayo Clinic felt as it did about the matter, and they expressed themselves very strongly in our presence as opposing the publishing of pictures in *Life*, would it not be wise if *Life* should publish a Minnesota issue. We suggested that they might relieve the situation considerably by having pictures of the University and possibly other medical developments in Minnesota as well as of the Mayo Clinic.

Miss Larson listened attentively and said that she would present the matter to her employers. We spent an entire evening with Miss Larson and I have never seen more persuasive methods used in trying to prevent publication. No one was more surprised than we were when the article finally came out. We thought that *Life* would surely listen to our representations.

I have given you this account of the occasion because the delegates should have first hand information from someone who was there and who is not connected with the Mayo Clinic.

DR. P. C. LECK, Austin: Mr. Chairman, I also had advance information that this article was to appear in *Life*. I am an independent practitioner in Austin, fifty miles from here. I have no interest in the Mayo Clinic, either to condemn or whitewash their publicity. It is a wonderful place to have close by when you are in a pinch, but sometimes not so good when the patient thinks that he is the only one who is in a pinch.

With that preliminary, I might say that a patient of mine who has been a friend of our family for many years visited in our home last summer, having just returned from a visit to New York City, where her daughter and her daughter's husband are in the newspaper business. A *Life* photographer visited in her daughter's home while she was there and gave quite a story about her efforts in securing pictures and information about the Mayo Clinic. The photographer, a

girl reporter, said that she was having no success whatever in getting permission from the Mayo Clinic; that she had spent a great deal of time there; and that she had finally failed completely to get any cooperation from the Clinic itself. She said that she was going ahead to make what she could out of Rochester. So it was with great interest that I looked at the article that finally appeared in *Life*. And with that forewarning it was very obvious to me that if the Mayo Clinic had been cooperating with the magazine, it would certainly have made a much better job of it.

On this other matter of the Fair, I personally think that the State Medical Association would make a mistake if they went on record favoring that type of exhibit. My personal feeling is that all such exhibits should be shown in the name of the American Medical Association which in turn could secure the cooperation of the Mayo Clinic or any other group in assembling the exhibit material.

At the request of Dr. F. J. Elias of Duluth, Mr. Harwick told the following episode:

MR. HARWICK: This is something that Dr. Olin West called our attention to. Dr. Mussey and I were in Chicago discussing the *Life* matter with him, and this whole question of publicity. We had just been besieged by moving picture people that wanted to make scripts based on the life of Drs. Will and Charlie in the development of the Clinic, and he got to reminiscing about some of the troubles that we had. We have appealed to him so often because it seems that we are down there about every month on some article or another and we manage to kill off about 99% per cent of them, but we do get caught on about 1% of 1 per cent. Dr. West said to me, "You don't need to tell me about your efforts. I recall one instance where the *Chicago Tribune* sent a special feature writer up to Rochester, and he wrote up an article on the Clinic; when he had it completed—he hadn't consulted anybody here—he went in to show it to Dr. Will. Dr. Will read it very carefully and complimented him on the article and then said to him, 'I hope you're not going to publish it.' He outlined the reasons why it should not be published, that it would be unethical and subject us all to criticism and he went to some lengths trying to get this fellow to stop it. Then the writer said that he couldn't do that, that that would be up to his publisher. He had instructions to write the story and he had written it and he was going to turn it in to his publisher. Then Dr. Will wrote Colonel McCormick a letter in which he outlined the reasons he had given this writer for not publishing it, and asked him also to consult with the American Medical Association to verify his viewpoint. He enclosed a blank check signed by himself and Dr. Charlie and told Colonel McCormick to fill it in for whatever amount he thought that the story would bring him by publishing it, and then not publish it."

And Dr. West recalls that Colonel McCormick came into his office in a rage and told him that neither the A.M.A. nor the Mayos or any other man could buy the *Chicago Tribune* and tore the check up. (Laughter.)

DR. E. A. MEYERDING: During my term as Secretary, these things came up frequently. For instance there was the rabies trouble in Minneapolis. A newspaper man, you know, is always looking for something that will attract people's attention. The minute that you try to hide something, he is after you, surmising that where there is smoke, there must be fire, and hoping that somewhere he will get a break. They made use of a break in the rabies business. So far as Minnesota newspapers are concerned, there is only one way I know to handle the situation; that is to have a committee to confer with the editorial association so as to work out some agreement as to what shall and what shall not be published. The newspaperman must have

news and he is going to get it and the minute that you try to conceal something, he is going to look for a nigger in the woodpile.

DR. W. W. WILL: I think Mr. Rosell has had some experience with the Minnesota Editorial Association which might be enlightening to the House of Delegates. Mr. Rosell:

MR. R. R. ROSELL: During the past year we have had several meetings with the representatives of the Editorial Association and have offered our services in every way possible to assist them in getting authentic medical news. Recently we released from our office to every member of the Editorial Association a card to be used in their offices notifying their staff that they could call us long distance, reversing the charges, for authentic medical news and information. A few papers have accepted the offer and have made use of the service; but as Dr. Meyerding said, newspaper men are after a scoop and they will not lay down on the job if the news is available.

I may say that the Committee of the Editorial Association is very friendly to us. Mr. Benshoof, Chairman of that Committee, from Detroit Lakes, has worked with us closely, but if the newspapers are on the track of a really big story, they will get it if possible. The best policy is to give them freely everything that it is possible ethically to give them, and

never to antagonize them by sweeping prohibitions. Whenever we do that, there is a bad situation and it is very difficult to straighten out afterwards.

DR. W. L. BURNAP: I just wanted to say one word; so far as publicity is concerned, it seems to me that Minnesota is very clean. I think that we all agree that our committee has carried on successfully and that the state as a whole is pretty good. Certainly there is nothing very bad about it.

The motion made previously to accept the report of Dr. Jones' Committee was seconded and carried unanimously.

It was moved by Dr. D. P. Heed, seconded and carried, that the House of Delegates instruct the Ethics Committee upon plans to curb all unwarranted publicity in the public press.

DR. W. W. WILL: There is one other matter that must be considered at this meeting; the place of meeting of 1941.

DR. E. M. HAMMES: Mr. Speaker: As Chairman of the delegates from Ramsey County, I extend to you an invitation to hold your meeting for next year in St. Paul. We have the hotels; we have the Auditorium; and if we have the usual good attendance, we'll have a good many doctors in St. Paul.

It was moved, seconded and carried that the 1941 meeting be held in St. Paul. The meeting adjourned.



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